

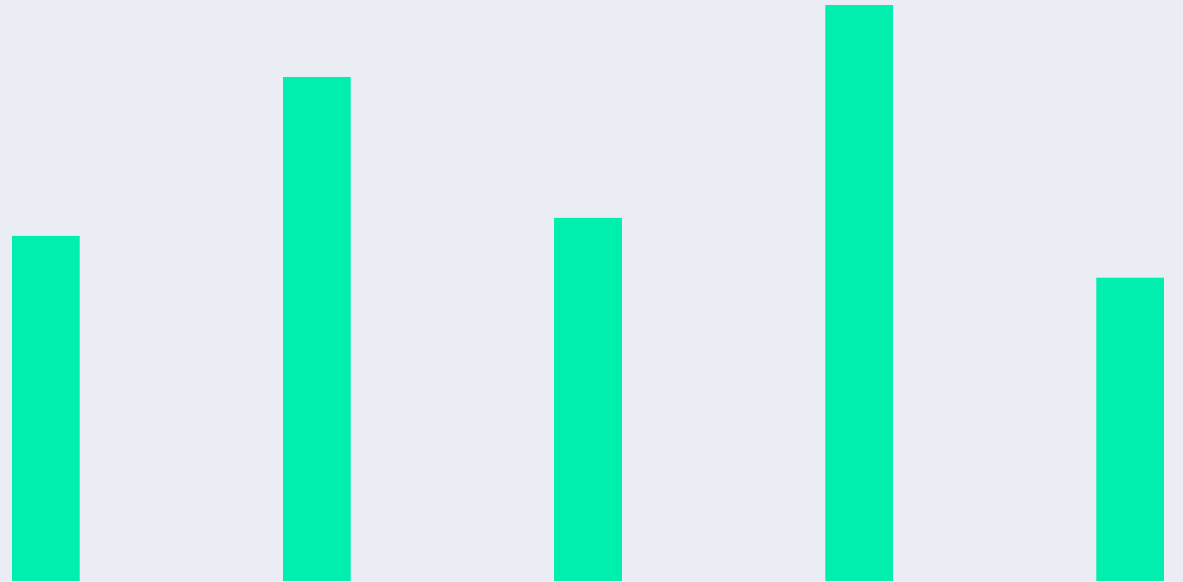
Dental and Orthodontia Provider Training



Nevada Medicaid Provider Training

2021

Objectives



Objectives

- Locate Medicaid Policy
- Locate and utilize the Authorization Criteria Function
- Properly submit a Prior Authorization via the Electronic Verification System (EVS) on the Provider Web Portal (PWP)
- Access the Search Fee Schedule and DHCFP Rates Unit
- Locate Billing Information
- Submit Claims using Direct Data Entry (DDE) via the EVS Secure Provider Web Portal

Medicaid Website



Medicaid Website

www.medicaid.nv.gov

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal and navigation links for Providers, EVS, Pharmacy, Prior Authorization, Claims, Quick Links, and Calendar. A search bar is located in the top right. The main content area features a large banner for the 'New, Modernized Medicaid Management Information System' with a 'CLICK HERE FOR MORE DETAILS' button. To the left, there are sections for 'Announcements' and 'Featured Links'. To the right, there are sections for 'Notifications', 'Provider Links', and 'Scheduled Site Maintenance'.

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

Providers EVS Pharmacy Prior Authorization Claims Quick Links Calendar

Announcements Latest News

- [Web Announcement 1834](#)
Modernization: Attention All Providers: New MMIS is Now Live!
- [Web Announcement 1833](#)
Modernization Known System Issue: Date of Decision for Recipient Eligibility Not Currently Available
- [Web Announcement 1832](#)
Modernization: Prior Authorization and Claims Webinars in February
- [Web Announcement 1831](#)
Modernization: Attention Out-of-State Providers: Use the Online Provider Enrollment Tool to Enroll in Nevada Medicaid
- [Web Announcement 1830](#)
Modernization: Attention All Providers: New MMIS is Going Live!

[View All Web Announcements](#)

Featured Links

- Authorization Criteria
- DHCFP Home
- EDI Information
- EVS User Manual
- Modernization Project
- Online Provider Enrollment
- Provider Login (EVS)
- Prior Authorization
- Search Fee Schedule
- Search Providers
- Claims
- Trading Partner

Welcome

New, Modernized Medicaid Management Information System

CLICK HERE FOR MORE DETAILS

- Will Improve Electronic Claims Submission
- Will Enhance Electronic Options
- Will Implement in Early 2019

Nevada Medicaid

Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures.

Thank you for your participation in Nevada Medicaid and Nevada Check Up.

Notifications

Claim adjustment and void transactions are temporarily unavailable on the portal. This message will be removed when they are available. We apologize for any inconvenience.

Known Modernization System Issues-Click HERE

Attention Waiver Providers: Submit Claims with the Prior Authorization Number [See [Web Announcement 1806](#)]

PASRR can be accessed using the following link: <https://pasrrprod.medicaid.nv.gov/wps/portal/usp>

Due to portal unavailability, for PAs due on January 29, 2019, providers will be given one extra day to submit their PA. PAs due on January 28, 2019 were already given a 3 business-day leniency.

Provider Links

- Billing Information
- E-Prescribing
- Forms
- Provider Enrollment
- Provider Newsletters
- Provider Training

Scheduled Site Maintenance

During the scheduled site maintenance window the Provider Web Portal will be unavailable. The table below shows the regularly scheduled maintenance window. All times will be in the Pacific time zone.

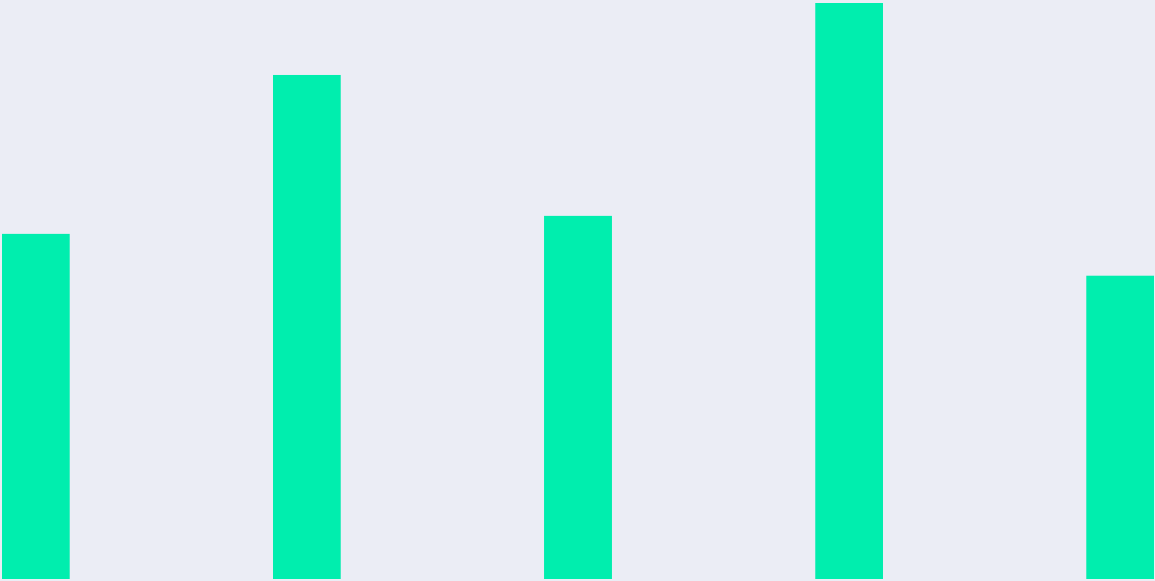
EVS

EVS is available 24 hours a day, seven days a week except during the scheduled weekly maintenance period.

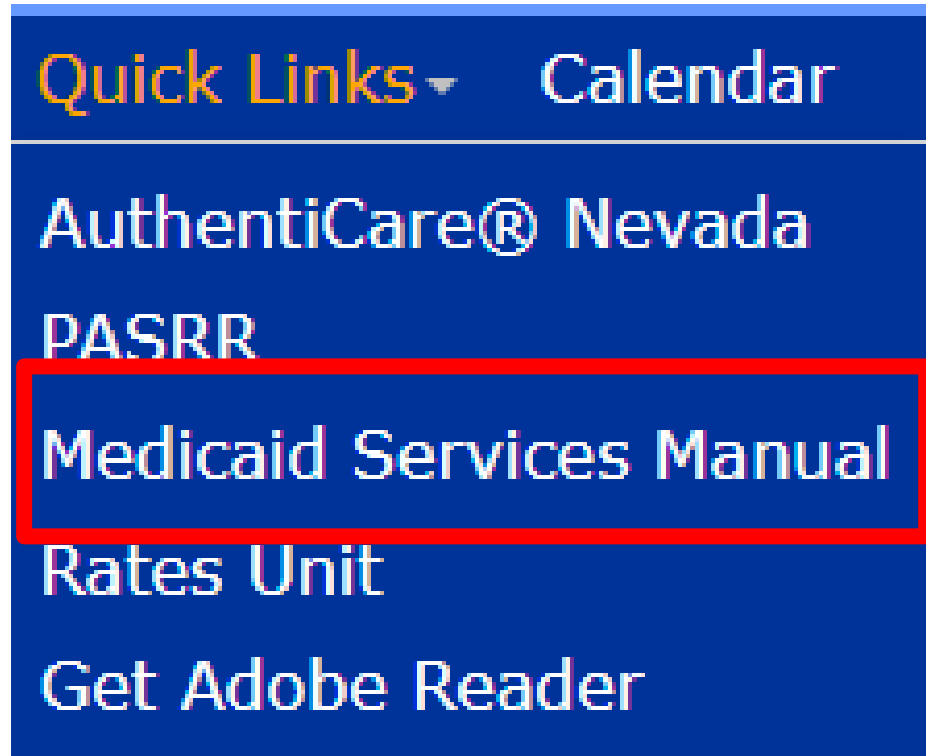
System Requirements

To access EVS, user must have internet access and a computer with a web browser.

Medicaid Services Manual



Locating the Medicaid Services Manual (MSM)



- Step 1: Highlight “Quick Links” from top blue tool bar
- Step 2: Select “Medicaid Services Manual” from the drop-down menu
- Note: MSM Chapters will open in a new webpage through the DHCFP website

Locating the Medicaid Services Manual, continued

To do a keyword search on any .PDF document, click Cntrl F to generate the search box. Enter the desired search word and click Previous or Next.

- Medicaid Services Manual - Complete
- 100 Medicaid Program
- 200 Hospital Services
- 300 Radiology Services
- 400 Mental Health and Alcohol and Substance Abuse Services
- 500 Nursing Facilities
- 600 Physician Services
- 700 Reimbursement, Analysis and Payment
- 800 Laboratory Services
- 900 Private Duty Nursing
- 1000 Dental
- 1100 Ocular Services
- 1200 Prescribed Drugs
- 1300 DME Disposable Supplies and Supplements
- 1400 Home Health Agency
- 1500 Healthy Kids Program
- 1600 Intermediate Care for Individuals with Intellectual Disabilities
- 1700 Therapy
- 1800 Adult Day Health Care

- Select “Chapter 1000”
- From the next page, always make sure that the “Current” policy is selected

Authorization Criteria Function



Authorization Criteria

Authorization Criteria is located at www.medicaid.nv.gov under “Featured Links”

Featured Links

- [AuthentiCare® Nevada](#)
- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Information](#)
- [EVS User Manual](#)
- [Modernization Project](#)
- [Online Provider Enrollment](#)
- [Provider Login \(EVS\)](#)
- [Prior Authorization](#)
- [Search Fee Schedule](#)
- [Search Providers](#)
- [Claims](#)
- [Trading Partner](#)



Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Login](#)

[Home](#)

Home

Home

Login

*User ID

[Log In](#)

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Web Announcements

[Web Announcement 1477](#)
Online Provider Enrollment Portal Attachments Page Corrected to Accept Attachments Up to 15 MB

[Web Announcement 1476](#)
Medicaid Services Manual Chapter 400 Updated

[Web Announcement 1475](#)
Update Regarding Reprocessing of Claims with ICD-10 Glaucoma Codes

[Web Announcement 1474](#)
Date Scheduled for Nevada Medicaid Applied Behavior Analysis Provider Training

[Web Announcement 1473](#)
Medicaid Services Manual Chapter 3100 Updated

[View More Web Announcements](#)

Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

[EVS User Manual](#)

[Search Fee Schedule](#)

[Search Providers](#)

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.



Website Requirements


Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)

Nevada Medicaid – Dental and Orthodontia Provider Training

10

Authorization Criteria, continued



**Nevada Department of
Health and Human Services**
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Login](#)

Home

[Home](#) > Authorization Criteria

Authorization Criteria

* Indicates a required field.

Select a Code Type from the drop-down list, then enter the Procedure Code or Description.

*Code Type

Dental

*Procedure Code or Description

D8080-COMPRE DENTAL TX ADOLESCENT

*Provider Type

22-Dentist


Provider Specialty

Search

Reset

- Step 1 – Select “Code Type”
- Step 2 – Input either a Procedure Code or Description. This field uses a predictive search
- Step 3: Input Provider Type
- Step 4: Select “Search”

Authorization Criteria, continued



**Nevada Department of
Health and Human Services**
Division of Health Care Financing and Policy Provider Portal

Contact Us | Login

Home

Home > Authorization Criteria

Authorization Criteria

* Indicates a required field.

Select a Code Type from the drop-down list, then enter the Procedure Code or Description.

*Code Type

Dental

*Procedure Code or Description

D8080-COMPRE DENTAL TX ADOLESCENT

*Provider Type

22-Dentist

Provider Specialty

Search

Reset

Search Results

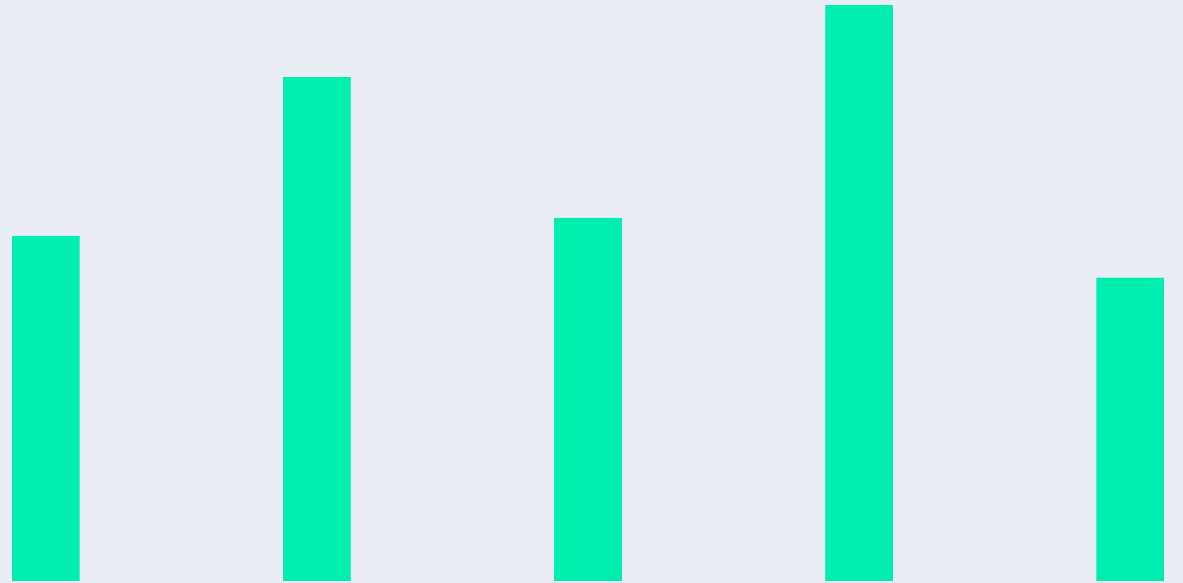
To show/hide Service Limits click on Required if exceeding service limitations hyperlink.

Total Records: 1

Procedure	Provider Type	Provider Specialty	Claim Type	PA Required	Age Restrictions	Effective Date
D8080-COMPRE DENTAL TX ADOLESCENT	22-Dentist	All Specialty	All Claim Types	Always	000-999	01/01/1996 - 12/31/2299

- Verify that “Effective Date” ends in 2299. This will provide the current information.
- For more information regarding PA Requirements, please review “[Attachment A: Fee-for-Service Coverage, Limitations and Prior Authorization Requirements](#)” located on the Billing Page

Submitting a Prior Authorization (PA)



Navigating the PWP



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Home

Home

Login



*User ID

hospizona1

1

Log In

2

[Forgot User ID?](#)

[Register Now](#)



Broadcast Messages

Hours of Availability

The Nevada Provider Web Portal is unavailable between 12:25 AM PST on Sunday.


What can you do in the Provider Portal

Through this secure and easy to use internet portal, health

Once registered, users may access their accounts from the PWP “Home” page by:

1. Entering the User ID
2. Clicking the Log In button

Navigating the PWP, continue

 **Computer and Challenge Question**

Site Key

The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

Answer the challenge question to verify your identity.

Challenge Question In what city were you born?

3 ***Your Answer**

[Forgot answer to challenge question?](#)

4 **Select** ☐ This is a personal computer. Register it now.
☒ This is a public computer. Do not register it.


5 **Continue**

Once the user has clicked the **Log In** button, they will need to provide identity verification as follows:

3. Type in their answer to the **Challenge Question** to verify identity
4. Choose whether log in is on a **personal computer** or **public computer**
5. Click the **Continue** button

Logging in to the PWP, continued

[Home](#) > [Challenge Question](#) > Site Token Password

**Confirm Site Key Token and Passphrase**


Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.
If this is not your site key token or passphrase, do not type your password.
Call the [customer help desk](#) to report the incident.

6

Site Key: 

7

Passphrase Answer
*Password

8

Sign In
[Forgot Password?](#)

The user will continue providing identity verification as follows:

6. Confirming that the **Site Key** and **Passphrase** are correct
7. Entering **Password**
8. Clicking the **Sign In** button

NOTE: If this information is incorrect, users should not enter their password. Instead, they should contact the help desk by clicking the **customer help desk** link.

Welcome Screen

The screenshot displays the Nevada Department of Health and Human Services Provider Portal. At the top, the header includes the Nevada state seal, the department name, and the portal title. A navigation bar contains links for My Home, Eligibility, Claims, Care Management, File Exchange, and Resources. Below this, the 'My Home' section features a 'Provider' profile with details like Name, ID, and Location. To the right of the profile is a 'Broadcast Messages' section with 'Hours of Availability' and links for 'Contact Us' and 'Secure Correspondence'. A 'Welcome Health Care Professional!' message is followed by a photo of healthcare workers and a commitment statement. At the bottom, there are links for 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide'. Callout boxes A through F highlight specific features: A (Navigation bar), B (Broadcast Messages), C (Contact Us/Secure Correspondence links), D (My Profile/Manage Accounts), E (Provider Services list), and F (Quick Reference Guides).

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources**

My Home

Provider

Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA
Provider ID 1831573690 (NPI)
Location ID 100543194

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)
[Secure Correspondence](#)

Welcome Health Care Professional!

Provider Services

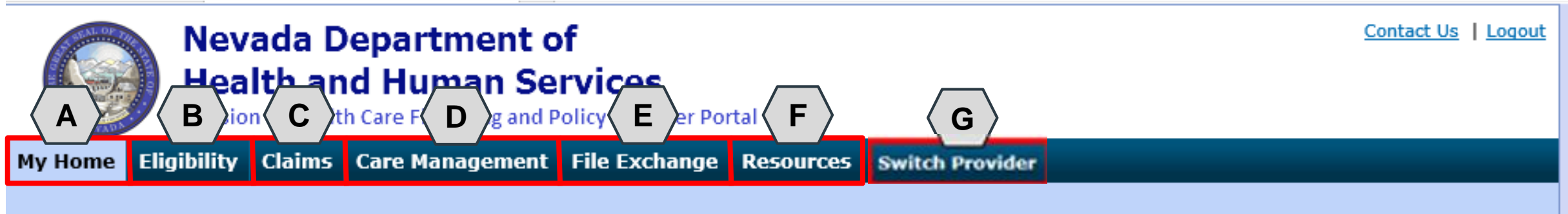
- [Member Focused Viewing](#)
- [Search Payment History](#)
- [Revalidate-Update Provider](#)
- [Pharmacy PA](#)
- [PASRR](#)
- [EHR Incentive Program](#)
- [EPSDT](#)
- [Presumptive Eligibility](#)

Prior Authorization Quick Reference Guide [\[Review\]](#)
Provider Web Portal Quick Reference Guide [\[Review\]](#)

Once the provider information has been verified, the user may explore the features of the PWP, including:

- A. Additional tabs for users to research eligibility, submit claims and prior authorization requests, access additional resources, and more
- B. Important broadcast messages
- C. Links to contact customer support services
- D. Links to manage user account settings, such as passwords and delegate access
- E. Links to additional information regarding Medicaid programs and services
- F. Links to additional PWP resources

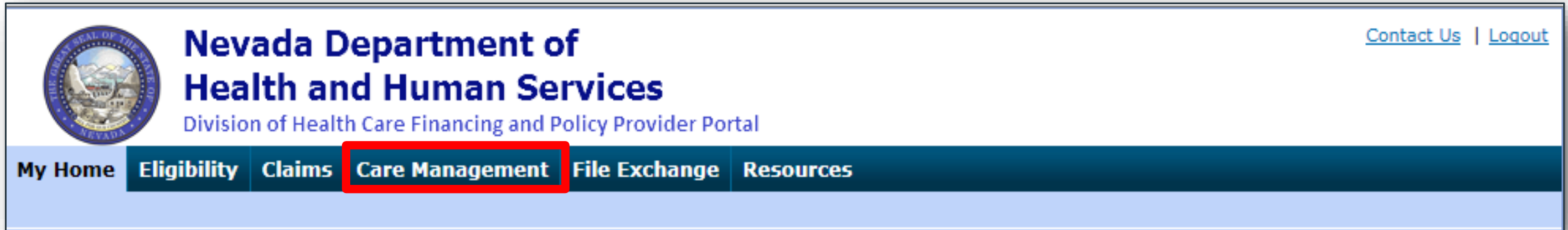
Navigating the Provider Web Portal



The tabs at the top of the page provide users quick access to helpful pages and information:

- A. My Home:** Confirm and update provider information and check messages
- B. Eligibility:** Search for recipient eligibility information
- C. Claims:** Submit claims, search claims, view claims and search payment history
- D. Care Management:** Request PAs, view PA statuses, and maintain favorite providers
- E. File Exchange:** Upload forms online
- F. Resources:** Download forms and documents
- G. Switch Providers:** Where **delegates** can switch between providers to whom they are assigned. The tab is only present when the user is logged in as a delegate.

Care Management Tab



Create Authorization

- Create authorizations for eligible recipients

View Authorization Status

- Prospective authorizations that identify the requesting or servicing provider

- Maintain Favorite Providers
- Create a list of frequently used providers
- Select the facility or servicing provider from the providers on the list when creating an authorization
- Maintain a favorites list of up to 20 providers

Before You Create a Web Portal Prior Authorization Request

Before You Create a Prior Authorization Request



Verify eligibility to ensure that the recipient is eligible on the date of service for the requested services.



Use the Provider Web Portal's PA search function to see if a request for the dates of service, units, and service(s) already exists and is associated with your individual, state or local agency, or corporate or business entity.



Review the coverage, limitations and PA requirements for the Nevada Medicaid Program before submitting PA requests.



Use the Provider Web Portal to check PAs in pending status for additional information.

Dental Treatment History – Search Treatment History

- The Provider Web Portal allows dental providers, or their delegates, the ability to search recipient treatment history online through the secured areas of the Provider Web Portal.
- Log in to the Provider Web Portal and then click **Treatment History** under the Claims tab. Instructions are available in Chapter 9 (Treatment History) of the EVS User Manual.

The screenshot displays the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal, the department name, and the division: Division of Health Care Financing and Policy Provider Portal. Navigation tabs include My Home, Eligibility, Claims, Care Management, File Exchange, Resources, and Switch Provider. The 'Claims' tab is active, showing sub-links for Search Claims, Search Payment History, and Treatment History. The 'Treatment History' link is selected. The page title is 'Search Treatment History'. A note indicates that the search feature retrieves PAID claim records for a particular recipient ID for the timeframe submitted. The form includes fields for Recipient ID, Procedure Code, Date of Service, Tooth Number, and Tooth Surface. A 'Search' button and a 'Reset' button are at the bottom.

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources** | **Switch Provider**

[Search Claims](#) | [Search Payment History](#) | [Treatment History](#)

[Claims](#) > Treatment History

Wednesday 11/15/2017 03:48 PM EST

Search Treatment History

Medical | **Dental**

* Indicates a required field.

The search feature retrieves PAID claim records for a particular recipient ID for the timeframe submitted. The date of service is based on the time period before the current date, or lifetime. There could be claims in progress that would change the results of this search. Only service codes with limitations will return results. This is also not a guarantee of payment.

Enter the recipient ID, date of service, procedure code, tooth number and optional tooth surface, then click **Search**. Click **Reset** to clear all fields.

Recipient Information

*Recipient ID

I confirm that this search is only being performed for recipients that are currently being treated. I understand that all treatment history search information is logged by DHCFP. I also agree that I will not run automated searches.

* I accept ☐ I have read and agree to the Terms of Agreement

Service Information

*Procedure Code *Date of Service

Tooth Number Tooth Surface

Attach the appropriate FA Form(s)

- Refer to www.medicaid.nv.gov/providers/forms/forms.aspx for the forms options.
- Verify that all fields are completed on the appropriate form(s) for the requested service.
- Type information into the form. Illegible forms will not be processed.
- The explanation of the reason that a request is being made and any special circumstances should be explicit and concise.
- All information including start dates and procedure codes must be consistent with information entered on the Provider Web Portal — Prior Authorization Request. If information is not consistent, it will cause delays.

Client Treatment History Form (FA-26)

Reminders:

- Please use the current form FA-26 posted on the Providers Forms webpage at www.medicaid.nv.gov for orthodontic prior authorization requests.
- Form FA-26 must be completed in its entirety.
- Provide the reason for the referral.
- Include the treating dentist's telephone number.

Orthodontic Medical Necessity (OMN) Form (FA-25)

Reminders:

- Enter the provider's name and National Provider Identifier (NPI).
- Enter the recipient's full name and ID.
- Score the applicable condition.
- Date and sign the form.

Partial Denture Delivery Receipt (FA-27A)

Reminders:

- Complete the form in its entirety
- All signatures must be present.
- Do not bill Nevada Medicaid for partial dentures until delivered to recipient and the form is completed.
- Claim cannot be submitted prior to the delivery date.

Denture Delivery Receipt (FA-27B)

Reminders:

- Complete the form in its entirety.
- All signatures must be present.
- Do not bill Nevada Medicaid for dentures until delivered to recipient and the form is completed.
- Claim cannot be submitted prior to the delivery date.

ADA Dental Claim Form

Submit with all Dental and Orthodontia PA requests

Required:

- **Field 1** — Required Type of transaction — Check statement of actual services. Also check EPSDT/Title XIX if this claim is for a recipient under age 21. (*Note: Retrospective authorization is not available for non-emergency dental services. In the case of an emergency, a retrospective request may be submitted the next business day after service is rendered.*)
- **Field 12** — Subscriber/Policyholder name (Last, First, Middle Initial, Suffix), Address, City, State and ZIP Code — Enter the recipient's full name and address.
- **Field 15** — Policyholder/Subscriber identifier (ID#) — Enter the recipient's 11-digit recipient ID as it appears on their Medicaid card.

ADA Dental Claim Form, continued

Reminders:

- Recipients age 21 and older may receive emergency extractions, palliative care and dentures/prosthetic care under certain guidelines and limitations.
- Recipients under age 21 may receive a larger range of dental services, including orthodontia, certain restorative services, and routine maintenance to promote dental health.
- Pregnant recipients may receive some periodontal services (see the Coverage, Limitations, and PA Requirements for the Nevada Medicaid and Nevada Check Up Dental Program), diagnostic restorative, and preventative care. Services for recipients who are pregnant require PA.

ADA Dental Claim Form – Price Breakdown

Reminder

RECORD OF SERVICES PROVIDED																				
24. Procedure Date (MM/DD/CCYY)		25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee										
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
33. Missing Teeth Information (Place an "X" on each missing tooth)						34. Diagnosis Code List Qualifier		(ICD-9 = B, ICD-10 = AB)		31a. Other Fee(s)										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)	A	C		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")	B	D		
																			32. Total Fee	Total Fee

Enter the price breakdown in the Description column as described in this example:

- Banding, followed by your usual and customary charge for banding.
- Periodic Adjustment, the number of months in the treatment, x (multiplied by), your usual and customary charge per visit.
- Retention, followed by your total charge for retainers.

Create a Prior Authorization Request

Key Information

Recipient Demographics

- First Name, Last Name and Birth Date will be auto-populated based on the recipient ID entered

Diagnosis Codes

- All PAs will require at least one valid diagnosis code

Searchable Diagnosis and Current Dental Terminology (CDT) codes

- Enter the first three letters or the first three numbers of the code to use the predictive search

PA Attachments

- Attachments are required with all PA requests. Attachments can only be submitted electronically.
- PA requests received without an attachment will remain in pended status for 30 days.

Submitting a PA Request

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

My Home | **Eligibility** | **Claims** | **Care Management** | **Change** | **Resources**

Create Authorization | Authorization Status | Maintain Favorite Providers | Authorization Criteria

My Home

Provider

Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA
Provider ID 1831573690 (NPI)
Location ID 100543194

[My Profile](#)
[Manage Accounts](#)


Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

Welcome Health Care Professional!

1. Hover over the **Care Management** tab
2. Click **Create Authorization** from the sub-menu

Submitting a PA Request



**Nevada Department of
Health and Human Services**
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#) | [Authorization Criteria](#)

[Care Management](#) > Create Authorization

Create Authorization

* Indicates a required field.

☐ Medical

☒ Dental

4

*Process Type

DENTAL
DENTAL ORTHODONTIA
RETRO DENTAL
RETRO DENTAL ORTHODONTIA

3

Requesting Provider Information

Provider ID

ID Type

NPI

Name

[Expand All](#) | [Collapse All](#)

- 3. Select the authorization type (Dental)
- 4. Choose an appropriate Process Type from the drop-down list

Submitting a PA Request

5

Requesting Provider Information

Provider ID	ID Type	Name
	NPI	

5. The Requesting Provider Information is automatically populated with the Provider ID and Name of the provider that the signed-in user is associated with.

Submitting a PA Request, continued

Rendering Provider Information

8

Rendering Provider same as Requesting Provider

Select from Favorites

No favorite providers available.

Provider ID

ID Type

Name

Add to Favorites

*Place of Service

8. Enter Service Provider Information

Submitting a PA Request, continued

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
Click to collapse.		
*Diagnosis Type ICD-10-CM ▼	*Diagnosis Code	
<div>9</div> <div>10</div> <div>11</div> <div>Add Cancel</div>		

9. Select a Diagnosis Type from the drop-down list
10. Enter the Diagnosis Code. Once the user begins typing, the field will automatically search for matching codes.
11. Click the Add button

NOTE: Repeat steps 9-11 to enter up to nine codes. The first code entered will be considered the primary.

Submitting a PA Request, continued

Diagnosis Information

Error
Diagnosis Code not found.

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
<input type="checkbox"/> Click to collapse.		
*Diagnosis Type	ICD-10-CM	
*Diagnosis Code	1234	<input type="button" value="x"/>

Diagnosis Code not found.


- If you click the **Add** button with an invalid diagnosis code, an error will display. You must ensure the diagnosis code is correct, up-to-date with the selected **Diagnosis Type**, and does not include decimals.

Submitting a PA Request, continued

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	K0251-Dental caries on pit and fissure surface limited to enamel	Remove

 Click to collapse.

***Diagnosis Type**

ICD-10-CM ▼

***Diagnosis Code** ⓘ

Add

Cancel

- Once a diagnosis code has been entered accurately, and the Add button has been clicked, the diagnosis code will display under the Diagnosis Information section. If a user wishes to remove the code from the PA request, click Remove located in the Action column.

Submitting a PA Request, continued

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

Line #	From Date	To Date	Code	Modifiers	Tooth Number	Units	Action
--------	-----------	---------	------	-----------	--------------	-------	--------

☐ Click to collapse.

***From Date** **To Date** ***Code Type** ***Code**

Modifiers

***Units**

Tooth Number **Tooth Surface**

Oral Cavity Area

Requested Dollars

***Medical Justification**

[Add Service](#) [Cancel Service](#)

12. Enter detail regarding the service(s) provided into the Service Details section.

13. Click the Add Service button.

Note: A maximum of 27 service details may be requested per PA request.

Submitting a PA Request, continued

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	Line #	From Date	To Date	Code	Modifiers	Tooth Number	Units	Action
	1	02/07/2019	02/07/2019	D8080-COMPRE DENTAL TX ADOLESCENT			1	Copy Remove

Click to collapse.

***From Date**

To Date

***Code Type**

CDT

***Code**

Modifiers

***Units**

- After clicking the **Add Service** button, the service details will display in the list.

NOTE: You may enter additional details as needed. If you wish to copy a service detail, click **Copy** located in the Action column. To remove the detail, click **Remove**.

Submitting a PA Request, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

Transmission Method	File	Action
Click to collapse.		
*Transmission Method	EL-Electronic Only ▼	
*Upload File	Choose File No file chosen	
*Attachment Type	▼	
<div>AddCancel</div>		
<div>SubmitCancel</div>		

- The Transmission Method will default to EL-Electronic Only as attachments must be sent via the portal.
- ADA Claim Form must be submitted with every prior authorization request.
- Users should review their Dental Billing Guidelines for additional information regarding prior authorizations

Submitting a PA Request, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type, and click the **Add** button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, you may upload a file or send attachments via email. If attachments were sent using another method, click the **Remove** link to remove the attachment.

Click the **Remove** link to remove the attachment.

Transmission Method	Attachment Type
<input type="checkbox"/> Click to collapse.	59-Benefit Letter
	03-Report Justifying Treatment Beyond Utilization Guidelines
	11-Chemical Analysis
	04-Drug Administered
	05-Treatment Diagnosis
	06-Initial Assessment
	07-Functional Goals
	08-Plan of Treatment
	09-Progress Report
	10-Continued Treatment
	13-Certified Test Report
	15-Justification for Admission
	21-Recovery Plan
	48-Social Security Benefit Letter
	55-Rental Agreement
	77-Support Data for Verification
	A3-Allergies/Sensitivities Document
	A4-Autopsy Report
	AM-Ambulance Certification
	AS-Admission Summary
	AT-Purchase Order Attachment
	B2-Prescription
	B3-Physician Order
	BR-Benchmark Testing Results
	BS-Baseline
	BT-Blanket Test Results
	CB-Chiropractic Justification
	CK-Consent Form(s)
	D2-Physician Order
	DA-Dental Models

***Transmission Method**

***Upload File**

***Attachment Type**

Add

Current Procedural Terminology (CPT) and data are copyrighted by the American Dental Association (ADA). All rights reserved.

14. Choose the type of attachment being submitted from the Attachment Type drop-down list

Submitting a PA Request, continued

The screenshot shows a web form for submitting a PA request. The form includes fields for 'From Date', 'To Date', 'Code Type' (set to 'CPT/HCPCS'), and 'Code'. There are sections for 'Modifiers', 'Units', and 'Medical Justification'. A blue 'Add Service' button is visible. The 'Attachments' section has a link for 'Prior Authorization Forms' and instructions on how to include attachments. A 'Transmission Method' dropdown is set to 'EL-Electronic Only'. The 'Upload File' section has a 'Browse...' button (callout 15) and an 'Attachment Type' dropdown set to 'NN-Nursing Notes'. A 'Choose File to Upload' dialog box is open, showing the 'Desktop' location. The file 'Nurse Notes.docx' is selected (callout 16). The 'Open' button in the dialog is highlighted (callout 17). The 'Add' and 'Cancel' buttons are at the bottom of the form.

15. Click the Browse button

16. Select the desired attachment from your computer using the window that pops up

17. Click the Open button

- Allowable file types include:
.doc, .docx, .gif, .jpeg, .pdf, .txt,
.xls, .xlsx, .bmp, .tif, and .tiff

Submitting a PA Request, continued


Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

	Transmission Method	File	Action
	Click to collapse.		
*Transmission Method	<div><div></div></div>		
*Upload File	<div><div>C:\Users\bargera\Desktop\Nurse Notes.docx</div><div>Browse...</div></div>		
*Attachment Type	<div><div>NAL Nursing Notes</div><div></div></div>		
<div><div>18</div></div>	<div><div>Add</div><div>Cancel</div></div>		

Submit

Cancel

18. Click the Add button.

Submitting a PA Request, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

	Transmission Method	File	Action
<input type="checkbox"/>	EL-Electronic Only	Nurse Notes.docx	Remove

☐ Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

- The added attachment displays in the list.
- To remove the attachment, click Remove in the Action column.
- Add additional attachments by repeating steps 14-18.

NOTE: The total attachment file size limit before submitting a PA is 4 MB. When more attachments are needed beyond this capacity, the user will first submit the PA. Afterwards go back into the PA using the View Authorization Response page, click the edit button to open the PA and then add more attachments.

Submitting a PA Request, continued

19. Click the Submit button

Justification

Add Service

Cancel Service

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

	Transmission Method	File	Action
<input type="checkbox"/>	EL-Electronic Only	Nurse Notes.docx	Remove

☐ Click to collapse.

*Transmission Method

EL-Electronic Only

*Upload File

Browse...

*Attachment Type

Add

Cancel

19

Submit

Cancel

Submitting a PA Request, continued

20

Confirm Authorization [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Provider ID 1831573690 **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA

Recipient Information and Process Type

Recipient ID 43827875678 **Recipient** ABYNNRYP ABIEGUT **Gender** Female
Birth Date 04/10/1928
Process Type Home Health

Referring Provider Information

Provider ID 1831573690 **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA

Service Provider Information

Provider ID 1831573690 **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA
Location _

[Expand All](#) | [Collapse All](#)

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Diagnosis Type	Diagnosis Code
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter

Service Details

	Line #	From Date	To Date	Code	Modifiers	Units
+	1	01/01/2018	01/01/2019	CPT/HCPCS A6413-Adhesive bandage, first-aid		1

Attachments

Transmission Method	File	Attachment Type
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes

Back **21** **Confirm** **Cancel**

20. Review the information on the PA request

21. Click the Confirm button to submit the PA for processing

- NOTE: If updates are needed prior to clicking the Confirm button, click the Back button to return to the “Create Authorization” page.

Submitting a PA Request, continued

My Home **Eligibility** **Claims** **Care Management** **File Exchange** **Resources**

Create Authorization | View Authorization Status | Maintain Favorite Providers | Authorization Criteria

[Care Management](#) > Authorization Receipt Tuesday 03/06/2018 06:01 PM EST

Authorization Receipt ?

Your Authorization Tracking Number **45180650011** was successfully submitted.

Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.
General Authorization Receipt Instructions

[Print Preview](#) [Copy](#) [New](#)

- After you click the Confirm button, an “Authorization Tracking Number” will be created. This message signifies that the PA request has been successfully submitted.

Submitting a PA Request, continued

My Home **Eligibility** **Claims** **Care Management** **File Exchange** **Resources**

Create Authorization | View Authorization Status | Maintain Favorite Providers | Authorization Criteria

[Care Management](#) > Authorization Receipt Tuesday 03/06/2018 06:01 PM EST

Authorization Receipt ?

Your Authorization Tracking Number 45180650011 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.

General Authorization Receipt Instructions

A
Print Preview

B
Copy

C
New

- A. Print Preview: Allows you to view the PA details and receipt for printing.
- B. Copy: Allows you to copy member or authorization data for another authorization.
- C. New: Allows you to begin a new PA request for a different member.

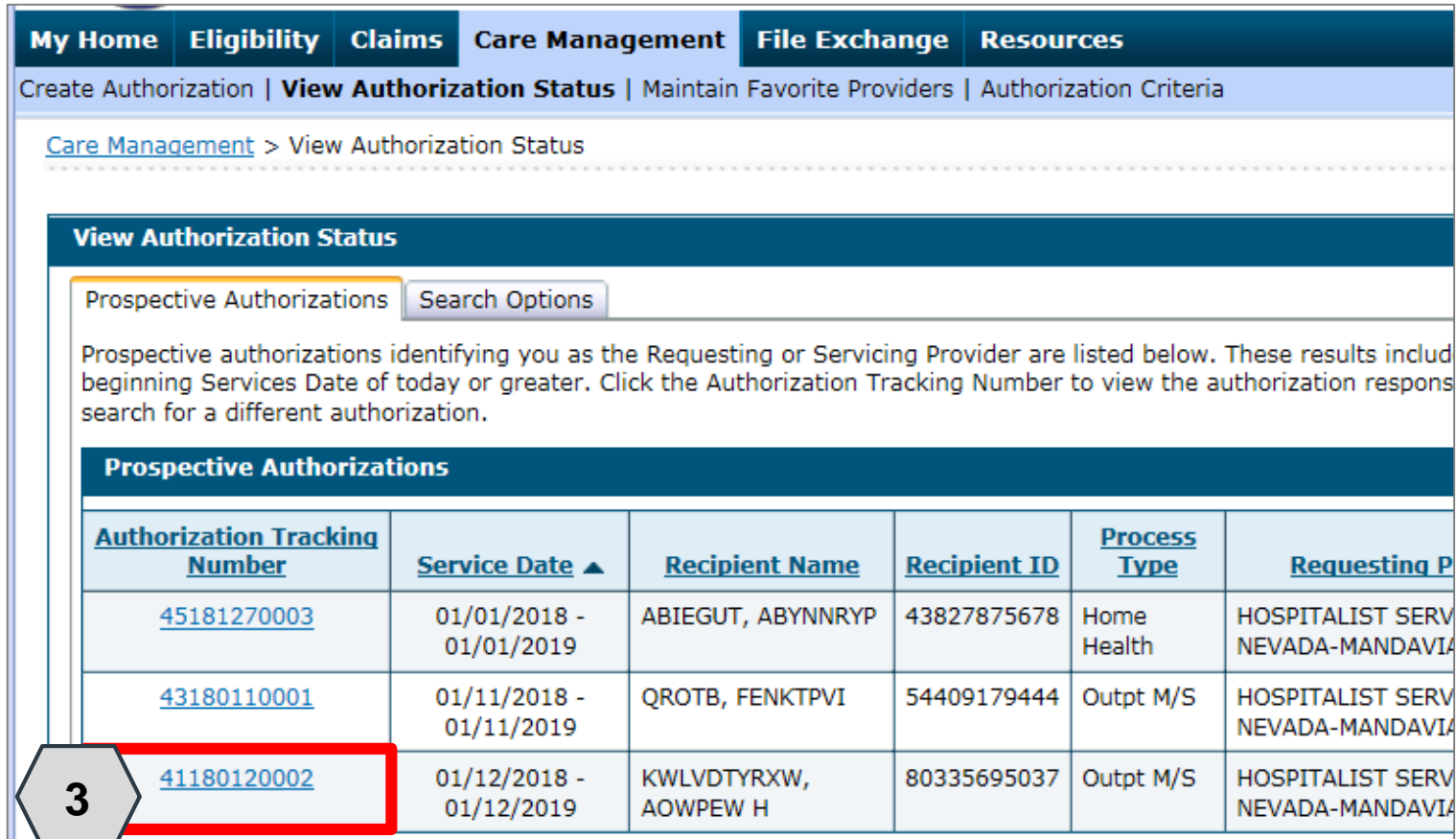
Viewing the Status of PAs

Viewing the Status of PAs

The screenshot displays the Nevada Provider Web Portal interface. At the top, a navigation bar contains several tabs: 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Exchange', and 'Resources'. The 'Care Management' tab is highlighted with a red box and a callout '1'. Below this, a sub-navigation bar shows 'Create Authorization', 'View Authorization Status', 'Maintain Favorite Providers', and 'Authorization'. The 'View Authorization Status' link is highlighted with a red box and a callout '2'. The main content area is divided into two columns. The left column, titled 'Provider', displays information for 'HOSPITALIST SERVICES OF NEVADA-MANDAVIA', including 'Provider ID 1831573690 (NPI)' and 'Location ID 100543194'. Below this, there are links for 'My Profile' and 'Manage Accounts'. The right column, titled 'Broadcast Messages', contains a message about the portal's availability: 'Hours of Availability: The Nevada Provider Web Portal is unavailable AM PST Monday-Saturday and between 8 PM a'. At the bottom of the right column, there is a 'Welcome Health Care Professional' message and a partial image of a person's face.

1. Hover over the Care Management tab
2. Click View Authorization Status

Viewing the Status of PAs, continued



My Home **Eligibility** **Claims** **Care Management** **File Exchange** **Resources**

Create Authorization | **View Authorization Status** | Maintain Favorite Providers | Authorization Criteria

[Care Management](#) > View Authorization Status

View Authorization Status

Prospective Authorizations

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response or search for a different authorization.

Prospective Authorizations


Authorization Tracking Number	Service Date ▲	Recipient Name	Recipient ID	Process Type	Requesting Provider
45181270003	01/01/2018 - 01/01/2019	ABIEGUT, ABYNNRYP	43827875678	Home Health	HOSPITALIST SERV NEVADA-MANDAVIA
43180110001	01/11/2018 - 01/11/2019	QROTB, FENKTPVI	54409179444	Outpt M/S	HOSPITALIST SERV NEVADA-MANDAVIA
41180120002	01/12/2018 - 01/12/2019	KWLVDTYRXW, AOWPEW H	80335695037	Outpt M/S	HOSPITALIST SERV NEVADA-MANDAVIA


- Click the ATN hyperlink of the PA you wish to view.


Viewing the Status of PAs, continued


View Authorization Response for AOWPEW KWLVDTYRXW [Back to View Authorization Status](#) ?


Authorization Tracking # 41180120002 **Process Type** [Expand All](#) | [Collapse All](#)

Requesting Provider Information 

Recipient Information 

Referring Provider Information 


Diagnosis Information 

Service Provider / Service Details Information 

5 **Provider ID** 1831573690 **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

[Edit](#) [View Provider Request](#) [Print Preview](#)

- Click the plus  symbol to the right of a section to display its information
- Review the information as needed

Viewing the Status of PAs, continued

View Authorization Response for AOWPEW KWLVDTYRXW [Back to View Authorization Status](#)

Authorization Tracking # 41180120002 **Process Type** [Expand All](#) | [Collapse All](#)

Requesting Provider Information


Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

Provider ID 1831573690 **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	—	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING		Certified In Total 01/12/2018	—

[Edit](#) [View Provider Request](#) [Print Preview](#)

- Review the details listed in the Decision / Date and Reason columns

Viewing the Status of PAs, continued

Service Provider / Service Details Information								
Provider ID 1831573690			ID Type NPI		Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA			
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	—	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	—	Certified In Total 01/12/2018	—

In the Decision / Date column, you may see one of the following decisions:

- Certified in Total: The PA request is approved for exactly as requested.
- Certified Partial: The PA request has been approved, but not as requested.
- Not Certified: The PA request is not approved.
- Pended: The PA request is pending approval.
- Cancel: The PA request has been canceled.

Viewing the Status of PAs, continued

Service Provider / Service Details Information								
Provider ID 1306097878			ID Type NPI		Name KHOSSROW HAKIMPOUR			
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
08/29/2017	08/29/2017	1	1	\$125.00	CPT/HCPCS 80061-Lipid panel	View	Certified Partial 06/11/2018	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)
08/30/2017	08/30/2017	1	0	—	CPT/HCPCS 36415-Routine venipuncture	View	Not Certified 06/11/2018	Non-covered Service

- When the Decision / Date column is not “Certified in Total” information will be provided in the Reason column. For example, if a PA is not certified (A), the reason why it was not certified displays (B).

Viewing the Status of PAs, continued

Service Provider / Service Details Information										
C	Provider	D	15736	E	ID Type	NPI	F	Name	HOSPITAL SERVICES OF NEVADA- MANDA	G
From Date	To Date	Units	Remaining Units	Amount	Code		Medical Citation	Decision / Date	Reason	
01/12/2018	01/12/2019	10	10	—	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING		—	Certified In Total 01/12/2018	—	

- C. From Date and To Date: Display the start and end dates for the PA.
- D. Units: Displays the number of units originally on the PA.
- E. Remaining Units or Amount: Remaining dollar amount.
- F. Code: Displays the CDT/CPT/HCPCS code on the PA.
- G. Medical Citation: Indicates when additional information is needed for authorizations (including denied).

Viewing the Status of PAs, continued

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
02/17/2013	02/17/2013	3	0	—	Revenue 0121-R&B-2 BED-MED-SURG-GYN	Hide	Not Certified 02/21/2013	—
Medical Citation 7002 - Information provided does not support medical necessity as defined by Nevada Medicaid. Notes To Provider Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted. Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted. Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted.								
02/20/2031	02/20/2031	2	0	—	Revenue 0121-R&B-2 BED-MED-SURG-GYN	View	Not Certified 02/22/2013	—
02/17/2013	02/20/2013	3	3	—	Revenue 0121-R&B-2 BED-MED-SURG-GYN	—	Certified In Total 02/24/2013	—

[Edit](#)[View Provider Request](#)[Print Preview](#)

The Medical Citation field indicates if additional information is needed for all authorizations (including denied). Click “View” to see the details and clinical notes provided by Nevada Medicaid or click “Hide” to collapse the information panel.

Viewing the Status of PAs, continued

View Authorization Response for AOWPEW KWLVDTYRXW [Back to View Authorization Status](#)

Authorization Tracking # 41180120002 **Process Type** Outpt M/S

[Expand All](#) | [Collapse All](#)

Requesting Provider Information	[+]
Recipient Information	[+]
Referring Provider Information	[+]
Diagnosis Information	[+]
Service Provider / Service Details Information	[-]

Provider ID 1831573690 **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

Edit **View Provider Request** **Print Preview**

- H - Edit: Edit the PA.
- I - View Provider Request: Expand all sections to view the information.
- J - Print Preview: Display a printable version of the PA with options to print.

Searching for PAs

Searching for PAs

View Authorization Status ?

Prospective Authorizations | **Search Options**

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include the first (20) authorizations with a beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response details or select the Search Options tab to search for a different authorization.

Prospective Authorizations						
<u>Authorization Tracking Number</u>	<u>Service Date</u> ▲	<u>Recipient Name</u>	<u>Recipient ID</u>	<u>Process Type</u>	<u>Requesting Provider</u>	<u>Servicing Provider</u>
<u>3117</u>	04/20/2017 - 04/25/2017	SMITH, JANE	000000	Outpt M/S	HEALTHCARE	HEALTHCARE

- Prospective Authorizations and Search Options tabs will be displayed.
- The Prospective Authorizations tab displays PAs by either the requesting or servicing provider.
- The Search Options tab allows a search by either recipient or provider information.
- To view the details of an authorization, click the ATN. It will be blue in color and underlined.

Searching for PAs, continued

The screenshot shows the 'Prospective Authorizations' interface with the 'Search Options' tab selected. A red box highlights the search criteria fields, and two numbered callouts indicate the steps: 1. Click the Search Options tab, and 2. Enter search criteria into the search fields.

Prospective Authorizations Search Options

Enter at least one of the following fields to search for an authorization.

Authorization Information

Authorization Tracking Number

Select a Day Range or specify a Service Date

Day Range OR Service Date

Status Information

Select status to return authorization service lines with the chosen status.

Status

Recipient Information

Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.

Recipient ID Birth Date

Last Name First Name

Provider Information

Provider ID ID Type

This Provider is the

☒ Servicing Provider on the Authorization

☐ Requesting Provider on the Authorization

Search **Reset**

1. Click the Search Options tab
2. Enter search criteria into the search fields

Searching for PAs, continued

The screenshot shows a web form titled "Authorization Information" with a light blue header. Below the header, there are three search criteria, each highlighted with a red rectangle and a callout letter in a grey hexagon. Callout A points to the "Authorization Tracking Number" text input field. Callout B points to the "Day Range" dropdown menu, which currently shows "Last 30 days". Callout C points to the "Service Date" text input field, which has a calendar icon to its right. Above the "Day Range" and "Service Date" fields is the text "Select a Day Range or specify a Service Date". The word "OR" is placed between the "Day Range" and "Service Date" fields.

- A. Authorization Tracking Number:** Enter the ATN to locate a specific PA.
- B. Day Range:** Select an option from the list to view PA results within the selected time period.
- C. Service Date:** Enter the date of service to display PA with that date of service.


NOTE: Without an ATN, a **Day Range** or a **Service Date** must be entered. If the PA start date is more than 60 days ago, a **Service Date** must be entered.

Searching for PAs, continued

Status Information	
Select status to return authorization service lines with the chosen status.	
<div>D</div>	<div>Status</div> <div><div>Cancel</div><div>Certified In Total</div><div>Certified Partial</div><div>Not Certified</div><div>Pended</div></div>
Recipient Information	
Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.	

D. Status: Select a status from this list to narrow search results to include only the selected status.

Searching for PAs, continued

Recipient Information			
Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.			
E	Recipient ID	<input type="text"/>	F Birth Date 
G	Last Name	<input type="text"/>	First Name <input type="text"/>

E. **Recipient ID:** Enter the unique Medicaid ID of the client.

F. **Birth Date:** Enter the date of the birth for the client.

G. **Last Name** and **First Name:** Enter the client's first and last name.

NOTE: Enter only the **Recipient ID** number **or** the client's last name, first name and date of birth.

Searching for PAs, continued

Provider Information	
H	Provider ID <input type="text"/> 
I	ID Type <input type="text"/>
J	<p>This Provider is the</p> <p><input checked="" type="radio"/> Servicing Provider on the Authorization</p> <p><input type="radio"/> Requesting Provider on the Authorization</p>
<div>SearchReset</div>	

H. Provider ID: Enter the Provider's unique NPI.

I. ID Type: Select the Provider's ID type from the drop-down list.

J. This Provider is the: Select whether the Provider is the Servicing or Requesting Provider.

Searching for PAs, continued

Recipient Information

Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.

Recipient ID Birth Date

Last Name First Name

Provider Information

Provider ID ID Type

This Provider is the ☒ Servicing Provider on the Authorization
☐ Requesting Provider on the Authorization

3

Search Results

<u>Authorization Tracking Number</u>	<u>Service Date</u> ▼	<u>Recipient Name</u>	<u>Recipient ID</u>	<u>Process Type</u>	<u>Requesting Provider</u>
4 43180110001	01/11/2018 - 01/11/2019	QROTB, FENKTPVI	54409179444	Outpt M/S	HOSPITALIST SERVICES NEVADA-MANDAVIA

3. Click the Search button
4. Select an ATN hyperlink to review the PA

Submitting Additional Information

Submitting Additional Information

View Authorization Response for ABYNNRYP ABIEGUT [Back to View Authorization Status](#) ?

Authorization Tracking # 45181270003 **Process Type** Home Health [Expand All](#) | [Collapse All](#)

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

Provider ID 1831573690 **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/01/2018	01/01/2019	1	0	-	CPT/HCPCS A6413-Adhesive bandage, first-aid	-	Pended -	-

Edit 1 **Provider Request** **Print Preview**

1. Click the **Edit** button to edit a submitted PA request

Additional information may include:

- Requests for additional services
- Attachments
- “FA-29 Prior Authorization Data Correction” form
- “FA-29A Request for Termination of Service” form

Submitting Additional Information, continued

2

Diagnosis Information
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Insert decimals as needed.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter	

Click to collapse.

***Diagnosis Type** ICD-10-CM ***Diagnosis Code**

Add Cancel

Service Details
Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	Line #	From Date	To Date	Decision	Code	Modifiers	Units	Action
+	1	01/01/2018	01/01/2019	Pended	A6413-Adhesive bandage, first-aid		1	Copy

Click to collapse.

Attachments
To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.
[Prior Authorization Forms](#)
If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.
Click the **Remove** link to remove the entire row.

Transmission Method	File	Attachment Type	Action
---------------------	------	-----------------	--------

Click to collapse.

2. Add additional diagnosis codes, service details, and/or attachments

Note: Existing information in the field cannot be updated. A Data Correction form must be submitted for changes to any previously submitted information.

Submitting Additional Information, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

Transmission Method	File	Attachment Type	Action
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes	Remove
EL-Electronic Only	Benefit Letter.docx	59-Benefit Letter	Remove

☐ Click to collapse.

***Transmission Method**

***Upload File**

***Attachment Type**

3

3. Click the Resubmit button to review the PA information

Submitting Additional Information, continued

4

Referring Provider Information

Provider ID	1831573690	ID Type	NPI	Name	HOSPITALIST SERVICES OF NEVADA-MANDAVIA
--------------------	------------	----------------	-----	-------------	---

Service Provider Information

Provider ID	1831573690	ID Type	NPI	Name	HOSPITALIST SERVICES OF NEVADA-MANDAVIA
Location	_				

[Expand All](#) | [Collapse All](#)

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Diagnosis Type	Diagnosis Code
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter

Service Details

	Line #	From Date	To Date	Code	Modifiers	Units
+	1	01/01/2018	01/01/2019	CPT/HCPCS A6413-Adhesive bandage, first-aid		1

Attachments

Transmission Method	File	Attachment Type
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes
EL-Electronic Only	Benefit Letter.docx	59-Benefit Letter

5

Back **Confirm** **Cancel**

4. Review the information
5. Click the Confirm button

- NOTE: The PA number remains the same as the original PA request when resubmitting the PA request.

Options if a PA is Not Approved

Denied Prior Authorization

If a prior authorization is denied by Nevada Medicaid, the provider has the following options:

- Request for a Peer-to-Peer Review (avenue used in order to clarify why the request was denied or approved with modifications)
- Submit a Reconsideration Request (avenue used when the provider has additional information that was not included in the original request)
- Request a Medicaid Provider Hearing

Peer-to-Peer Review

- The intent of a peer-to-peer review is to clarify the reason the PA request was denied or approved but modified
- This is a verbal discussion between the requesting clinician and the clinician that reviewed the request for medical necessity
- The provider is responsible for having a licensed clinician who is knowledgeable about the case participate in the peer-to-peer review
- Additional information is not allowed to be presented because all medical information must be in writing and attached to the case
- Must be requested within 10 business days of the denial
- Peer-to-peer reviews can be requested by emailing nvpeer_to_peer@dx.com
- Only available for denials related to the medical necessity of the service
 - A peer-to-peer review is not required prior to a reconsideration, but once a reconsideration is requested, a peer-to-peer review is no longer an option

Reconsideration Request

- Reconsiderations can be uploaded via the Provider Web Portal by completing an FA-29B form and uploading to the “File Exchange” on the Provider Web Portal
- Additional medical documentation is reviewed to support the medical necessity
- The information is reviewed by a different clinician than reviewed the original documentation
- A peer-to-peer review is not required prior to a reconsideration, but once a reconsideration is requested, a peer-to-peer review is no longer an option

Reconsideration Request, continued

- A reconsideration must be requested within 30 calendar days from the date of the denial
- The 30-day provider deadline for reconsideration is independent of the 10-day deadline for peer-to-peer review
- Give a synopsis of the medical necessity not presented previously. Include only the medical records that support the issues identified in the synopsis. Voluminous documentation will not be reviewed. It is the provider's responsibility to identify the pertinent information in the synopsis.
- Only available for denials related to the medical necessity of the service

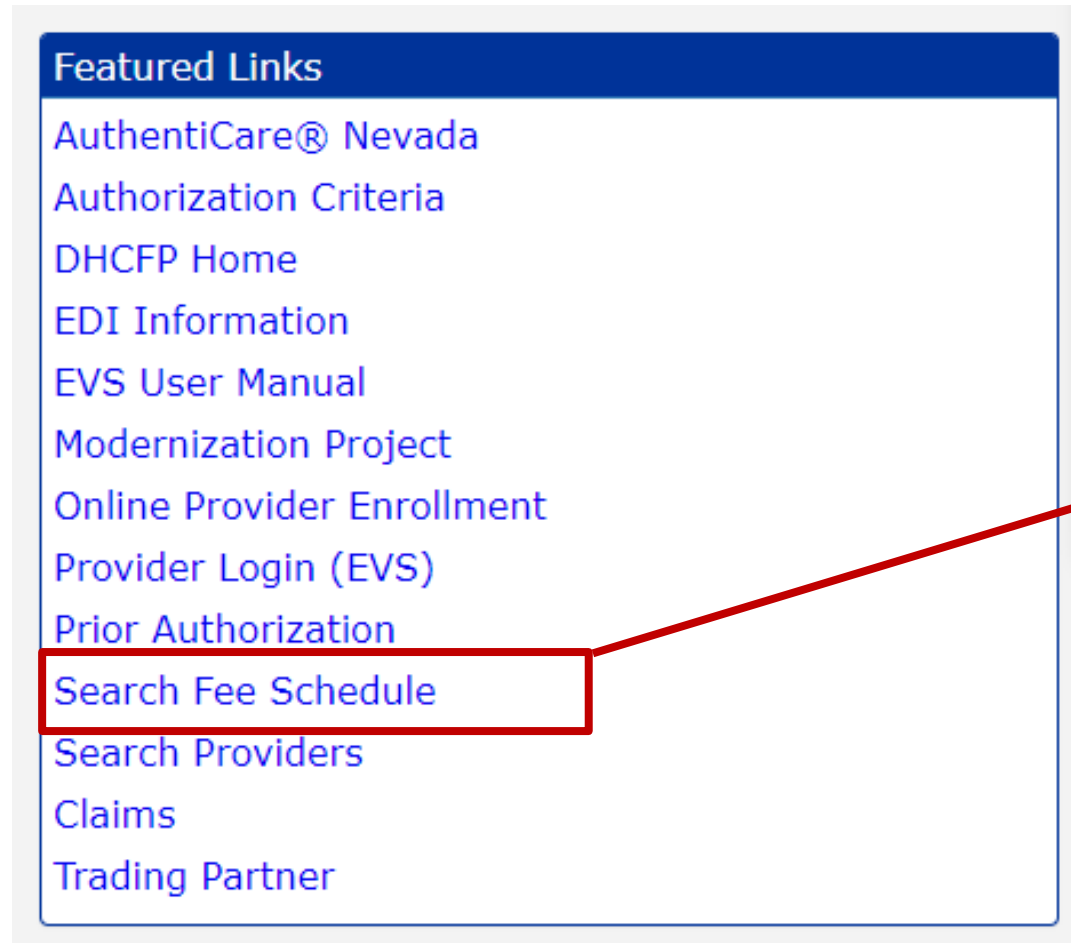
Medicaid Provider Hearing

- Review Chapter 3100 (Hearings) of the Medicaid Services Manual located on the DHCFP website for further information regarding the Hearing Process

Search Fee Schedule and DHCFP Rates Unit




Fee Schedule



- Utilize the Search Fee Schedule to determine the Rate of Reimbursement for a Procedure Code

Fee Schedule, continued



**Nevada Department of
Health and Human Services**
Division of Health Care Financing and Policy Provider Portal

Contact Us | Login

Home

Resources > Search Fee Schedule

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End User Point and Click Agreement

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AMA Disclaimer of Warranties and Liabilities

* I accept ☒ I have read and agree to the Terms of Agreement

SubmitCancel

- Step 1: Click “I Accept”
- Step 2: Click “Submit”

Fee Schedule, continued

Search Fee Schedule ?

* Indicates a required field.
Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.
- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Service Category

- Step 1: Select Code Type from drop-down menu
- Step 2: Input Procedure Code or Description
- Step 3: Select Service Category from drop-down menu
- Step 4: Click “Search” to populate results

Fee Schedule, continued

Search Fee Schedule

* Indicates a required field.

Select a code type, then enter the procedure code or description and provider type.

This page is used only for Nevada Fee For Service (FFS) rates.

The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.

Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit

Nevada Medicaid Title XIX Fee For Service

*Code Type

Procedure

*Procedure Code or Description

D8080-COMPRE DENTAL TX ADOLESCENT

*Service Category

Dental - Child

Search

Reset

Search Results

Total Records: 2

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
D8080-COMPRE DENTAL TX ADOLESCENT	20-Physician, M.D., Osteopath, D.O.	170-Maxillofacial Surgery			000 - 020	7/1/2013 - 12/31/2299
D8080-COMPRE DENTAL TX ADOLESCENT	22-Dentist	All Specialty			000 - 020	7/1/2013 - 12/31/2299

Make sure that when the results have populated, that the correct Procedure and Provider Type are the same as what was originally selected. Verify the Effective Date column to ensure that the code is still payable.

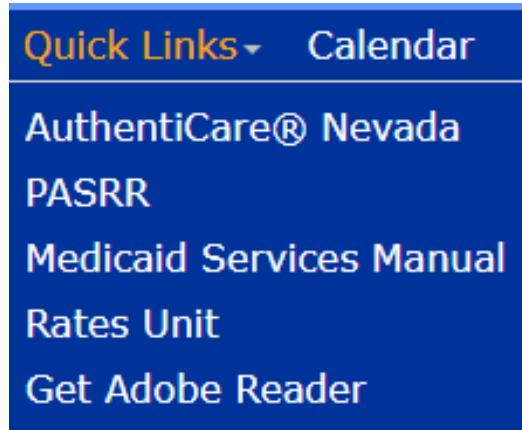
Review the Age Restrictions to make sure that the recipient falls within that age range.

Review the modifier when billing Nevada Medicaid.

Nevada Medicaid – Dental and Orthodontia Provider Training

84


DHCFP Rates Unit





- Step 1: Highlight **Quick Links** from tool bar at www.medicaid.nv.gov
- Step 2: Select **Rates Unit**
- Step 3: From new window, select Accept

DHCFP Rates Unit, continued

Fee Schedules

The fee schedules found here are updated on an annual basis, sometimes more frequently. Information regarding the [annual new code update](#)  may be found on this website.

The information contained in these schedules is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein.

- [Managed Care Capitation Rates](#)  - 2019
- [Managed Care Capitation Rates](#)  - 2018
- [Fee-for-Service xls Fee Schedules](#)

- Locate the “Fee Schedules”

DHCFP Rates Unit, continued

FEE SCHEDULES

The information contained in these schedules is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein.

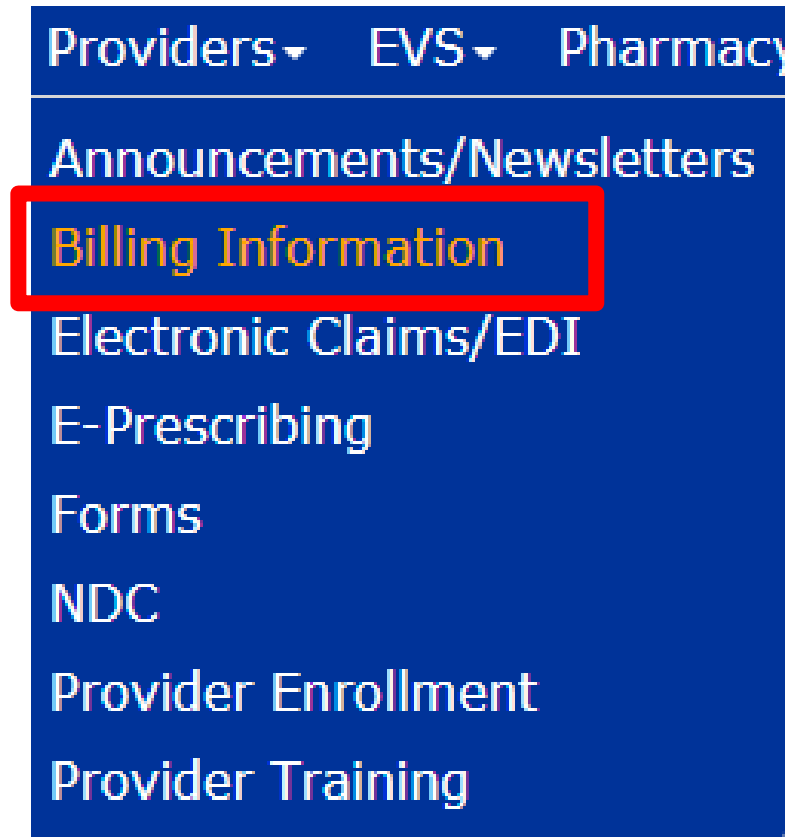
- [Provider Type 22 Dentists](#) 

- Select Appropriate Title to open the PDF pertaining to the Reimbursement Schedule

Medicaid Billing Information



Locating Medicaid Billing Information



- Step 1: Highlight **Providers** from top blue tool bar
- Step 2: Select **Billing Information** from the drop-down menu

Locating Medicaid Billing Information, continued

Billing Information

Effective February 1, 2019, all providers will be required to submit their claims electronically (using Trading Partners or Direct Data Entry [DDE]), as paper claims submission will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS). Please continue to review the modernization-related web announcements at <https://www.medicaid.nv.gov/providers/Modernization.aspx> for further details.

Attention All Providers: Requirements on When to Use the National Provider Identifier (NPI) of an Ordering, Prescribing or Referring (OPR) Provider on Claims [[Web Announcement 1711](#)]

FAQs: National Correct Coding Initiative (NCCI) Claim Review Edits [[Review Now](#)]
Clinical Claim Editor FAQs Updated December 5, 2011 [[Review Now](#)]
Third Party Liability Frequently Asked Questions [[Review Now](#)]

Billing Manual

For Archives [Click here](#)

Title	File Size	Last Update
Billing Manual	1 MB	02/01/2019

Review the Billing Manual for more information regarding:

- Introduction to Medicaid
- Contact Information
- Recipient Eligibility
- PA
- Third Party Liability (TPL)
- Electronic Data Interchange (EDI)
- Frequently Asked Questions (FAQs)
- Claims Processing and Beyond

Locating Medicaid Billing Information, continued

Home Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)
[View All Web Announcements](#)

Featured Links
[Authorization Criteria](#)
[DHCFP Home](#)
[EDI Enrollment Forms and Information](#)
[EVS User Manual](#)
[Online Provider Enrollment](#)
[Provider Login \(EVS\)](#)
[Prior Authorization](#)

Billing Manual
For Archives [Click here](#)

Title	File Size	Last Update
ADA (Version 2012) Claim Form Instructions		01/28/16
CMS-1500 (02-12) Claim Form Instructions		07/27/17
UB Claim Form Instructions		05/30/17

Billing Guidelines (by Provider Type)
For Archives [Click here](#)

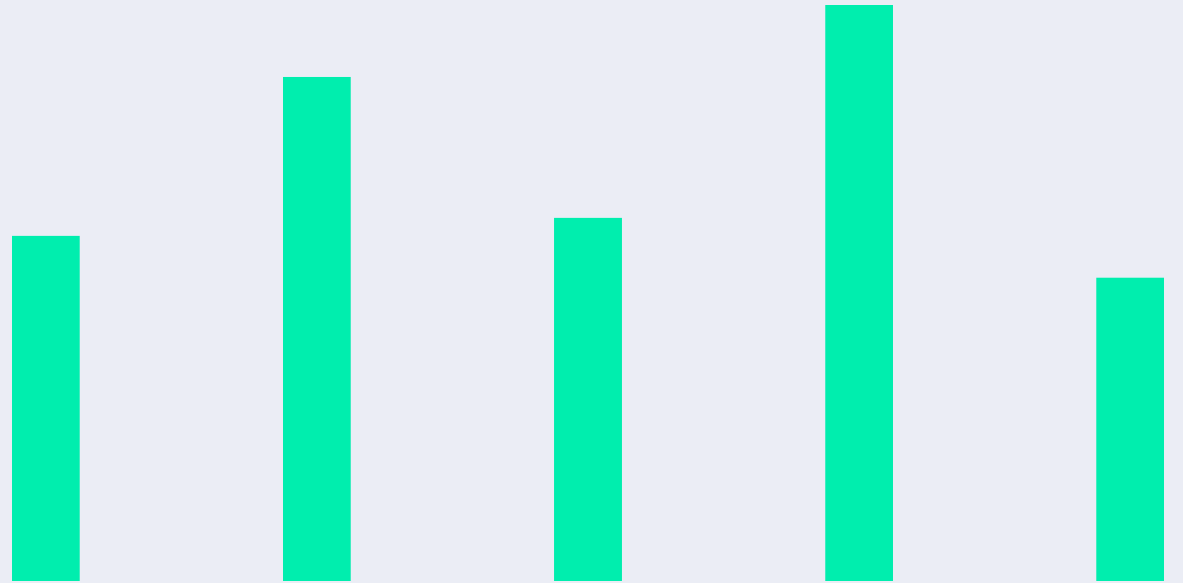
The Nevada Provider Web Portal update resulted in a complete change in the website and its associated webpages. Users of the secure Provider Web Portal are advised to remove all previously bookmarked pages and clear any previous activity in your browser to assist with accessing the system. You can clear previous activity in most browsers by navigating to your menu item for internet or browser options and deleting cookies, temporary internet files, and web form information.

PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [\[Review\]](#)

- Locate the section header “Billing Guidelines (by Provider Type)”
- Select appropriate Provider Type Guideline

22	Dentist Attachment A: Fee-for-Service Coverage, Limitations and Prior Authorization Requirements	02/01/19
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Submitting a Dental Claim via the EVS Secure Provider Web Portal



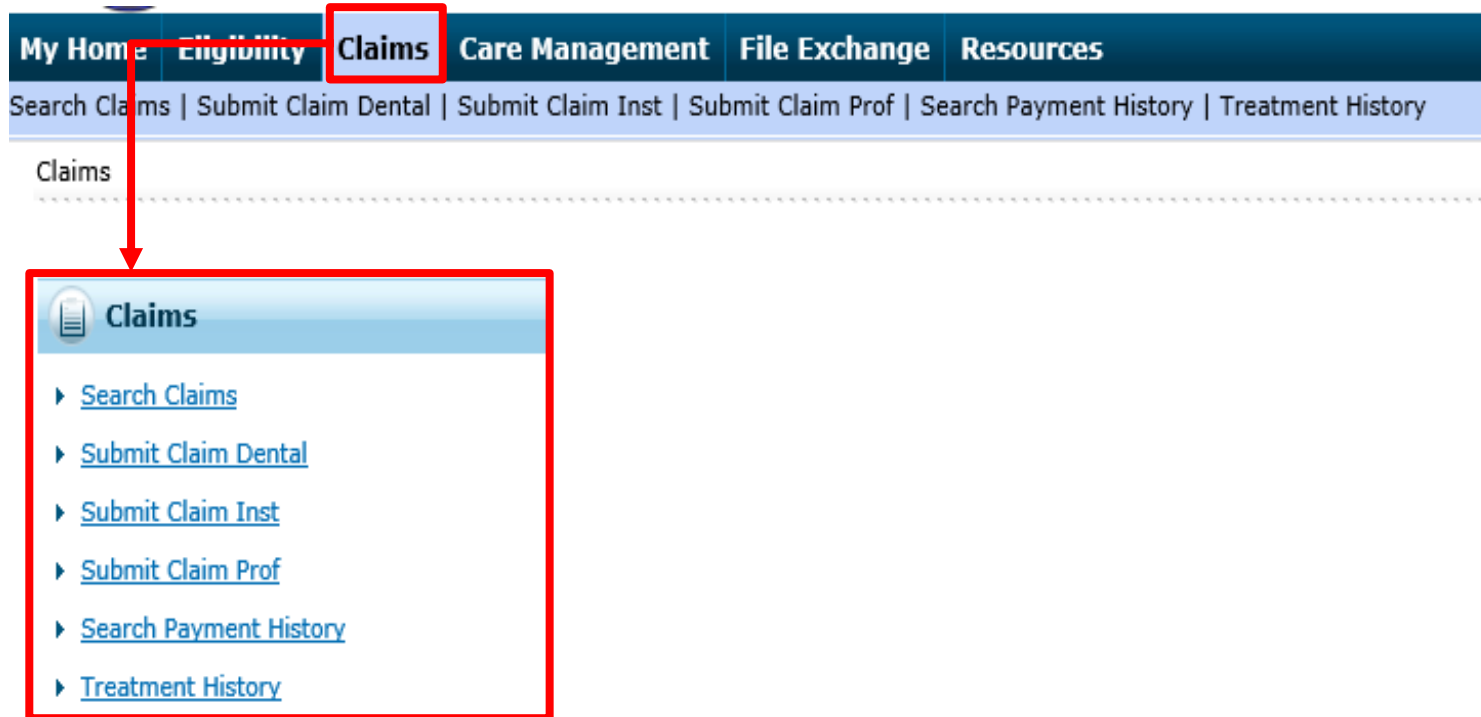
Understanding Claim Sub Menus

Understanding Claims Sub Menus



1. Hover over **Claims**
2. Select the appropriate sub menu from the options

Understanding Claims Sub Menus, continued



The page displays a listing of Claim activities for the user to choose from.

Submitting a Dental Claim

Submitting a Dental Claim

The Dental Claim submission process is broken out into three main steps:

- **Step 1** - Provider, Patient and Claim Information plus an option to add Other Insurance details
- **Step 2** - Diagnosis Codes
- **Step 3** - Service Details and Attachments

Submitting a Dental Claim: Step 1



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Financing and Policy Provider Portal". A navigation bar contains tabs: "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The "Claims" tab is highlighted with a red box and a callout "1". Below the navigation bar, a sub-menu is visible with options: "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", and "Search Payment His". The "Submit Claim Dental" option is highlighted with a red box and a callout "2". Below the sub-menu, a "Claims" section is visible with a list of links: "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", "Search Payment History", and "Treatment History".

Nevada Department of Health and Human Services
Division of Health Financing and Policy Provider Portal

My Home **Eligibility** **Claims** **Care Management** **File Exchange** **Resources**

Search Claims | **Submit Claim Dental** | Submit Claim Inst | Submit Claim Prof | Search Payment His


Claims

Claims

- ▶ [Search Claims](#)
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Inst](#)
- ▶ [Submit Claim Prof](#)
- ▶ [Search Payment History](#)
- ▶ [Treatment History](#)

1. Hover over the **Claims** tab
2. Select **Submit Claim Dental**

Submitting a Dental Claim: Step 1, continued

 **Health and Human Services**
Division of Health Care Financing and Policy Provider Portal

My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources**

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

[Claims](#) > [Submit Claim Dental](#) Wednesday 12/23/2020 12:04 PM PST

Submit Dental Claim: Step 1 ?

* Indicates a required field.

Provider Information

Billing Provider ID 1780694620 ID Type NPI

*Billing Provider Service Location

Rendering Provider ID ID Type

Rendering Provider Service Location -

Referring Provider ID ID Type

Service Facility Location ID ID Type

Patient Information

*Recipient ID

Last Name First Name

Birth Date

Claim Information

Accident Related Accident Date

*Place of Treatment 11-Physician's Office

*Patient Number

Authorization Number

Include Other Insurance ☐ Total Charged Amount \$0.00

[Continue](#) [Cancel](#)

“Submit Dental Claim: Step 1”
page sub-sections to complete:

- A. Provider Information
- B. Patient Information
- C. Claim Information

Submitting a Dental Claim: Step 1, continued

Provider Information

Submit Dental Claim: Step 1

* Indicates a required field.

Provider Information

Billing Provider ID1407146111ID TypeNPI

*Billing Provider Service Location22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD,LAS VEGAS,NEVADA,89169

Rendering Provider IDID Type

Rendering Provider Service Location

Referring Provider IDID Type

Service Facility Location IDID Type

- 3. Select the appropriate provider type/service location being billed from the **Billing Provider Service Location** drop-down option
- 4. Enter the Rendering ID and ID Type. If the Rendering ID is unknown, click the button adjacent to the **Rendering Provider ID** field

Submitting a Dental Claim: Step 1, continued

Provider ID Search

5 **Search By ID** Search By Name Search By Organization

* Indicates a required field.

6 *Provider ID 1043400534 Provider ID Type NPI

7 Search Cancel

Search Results: NPI 1043400534

Duplicate providers may appear in the results since a unique row is created for each specialty.

8

<u>Provider ID</u> ▼	<u>Provider Name</u>	<u>Provider Type</u>	<u>Address</u>	<u>City</u>	<u>State</u>
1043400534 (NPI)	JOHN F MACK	Dentist	1580 E DESERT INN RD	LAS VEGAS	NEVADA

5. Select the desired search tab
6. Enter **Provider ID** and **Provider ID Type**
7. Click the **Search** button, and the search results will populate at the bottom
8. Click the [blue](#) link in the **Provider ID** column with correct Provider ID

NOTE: This example uses the **Search By ID** tab. Users can also search by the **Search By Organization** or **Search By Name** tabs.

Submitting a Dental Claim: Step 1, continued

Submit Dental Claim: Step 1

* Indicates a required field.

Provider Information

Billing Provider ID

1407146111

ID Type

NPI

*Billing Provider Service Location

22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD,LAS VEGAS,NEVADA,891692548

Rendering Provider ID

1043400534

ID Type

NPI

*Rendering Provider Service Location

22-MACK, JOHN F-1580 E DESERT INN RD,LAS VEGAS,NEVADA,891692548

Referring Provider ID

ID Type

Once the user clicks the Provider ID, it will populate in the **Rendering Provider ID** field.

NOTE: If needed, the user may enter a referring, supervising or service facility location the same way the **Rendering Provider ID** was entered.

Submitting a Dental Claim: Step 1, continued

Patient Information

Patient Information	
*Recipient ID	97338188081
Last Name	MUZAE
Birth Date	05/02/1967
First Name	WXEBVG

9. Enter the 11-digit **Recipient ID** and click outside of the field to populate **Last Name, First Name** and **Birth Date**

Submitting a Dental Claim: Step 1, continued

Claim Information

Claim Information

10 Accident Related Accident Date

*Place of Treatment 11-Physician's Office

*Patient Number 12345 11

Authorization Number

Include Other Insurance ☐ Total Charged Amount \$

12 Continue Cancel

The following fields with a red asterisk (*) must be completed as follows:

10. Select the **Place of Treatment** from the drop-down list
11. Enter the **Patient Number**
12. Click the **Continue** button

NOTE: Other optional fields can be completed based on additional details known about the claim.

Submitting a Dental Claim: Step 2

Submit Dental Claim: Step 2

* Indicates a required field.

Provider Information

Billing Provider ID

1407146111

ID Type

NPI

Patient and Claim Information

Recipient ID

97338188081

Recipient

WXEBVG MUZAE

Gender

Female

Birth Date

05/02/1967

Total Charged Amount

\$0.00

Expand All

Collapse All

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>			

1

*Diagnosis Type

ICD-10-CM

*Diagnosis Code

Add

Reset

Once the user clicks the **Continue** button, the “Submit Dental Claim: Step 2” page is first displayed with all panels expanded.

Submitting a Dental Claim: Step 2, continued

Submit Dental Claim: Step 2 ?

* Indicates a required field.

Provider Information

Billing Provider ID 1407146111 ID Type NPI

Patient and Claim Information

Recipient ID 97338188081
Recipient WXE BVG MUZAE Gender Female
Birth Date 05/02/1967 Total Charged Amount \$0.00

[Expand All](#) | [Collapse All](#)

Diagnosis Codes -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>			
1	*Diagnosis Type ICD-10-CM 1	*Diagnosis Code 2 K03	
	3 Add Reset		
Back to Step 1			


Diagnosis Code dropdown list:

- K030-Excessive attrition of teeth
- K031-Abrasion of teeth
- K032-Erosion of teeth
- K033-Pathological resorption of teeth
- K034-Hypercementosis
- K035-Ankylosis of teeth
- K036-Deposits [accretions] on teeth
- K037-Post-eruptive color changes of dental hard tissues
- K0381-Cracked tooth
- K0389-Other specified diseases of hard tissues of teeth

1. Choose a **Diagnosis Type** (Auto-populates as “ICD-10-CM)”
2. Enter the **Diagnosis Code**. Diagnosis codes are searchable by entering the first three letters or the first three numbers of the code to use a predictive search feature.
3. Click the **Add** button

Submitting a Dental Claim: Step 2, continued

[Expand All](#) | [Collapse All](#)


Diagnosis Codes 


Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>	ICD-10-CM	K0381-Cracked tooth	Remove
<u>2</u>			

2

*Diagnosis Type

ICD-10-CM 

*Diagnosis Code 

[Add](#)

[Reset](#)

[Back to Step 1](#)

4

[Continue](#)

[Cancel](#)

[Go to Top](#)

Click the **Remove** link to remove a diagnosis code from the claim.

Once all the diagnosis codes have been entered, the user will:

4. Click the **Continue** button

Submitting a Dental Claim: Step 3

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
1							

1. *Svc Date 08/21/2018

Oral Cavity Area

6. Tooth Number 14-1st Molar -UL-Permanent

Tooth Surface

2. *Procedure Code D0191-Assessment of a pati

Modifiers

3. *Units 1

*Charge Amount 225.35

4. Diagnosis Pointers 1

5.

7. Add Reset

Enter the following service details for the claim:

1. The date - **Svc Date** field
2. The **Procedure Code**
3. **Units**
4. **Charge Amount**
5. **Diagnosis Pointers**
6. **Tooth Number** from the drop-down (if applicable)
7. Click the **Add** button to add each service detail

Submitting a Dental Claim: Step 3, continued

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
<u>1</u>	08/21/2018		14-1st Molar -UL-Permanent	D0191	1	\$225.35	Remove
2							

2

*Svc Date

Oral Cavity Area

Tooth Number

Tooth Surface

*Procedure Code

Modifiers

*Units

*Charge Amount

Diagnosis Pointers

Rendering Provider ID

ID Type

Rendering Provider Service Location

Add

Reset

AttachmentsClick the **Remove** link to remove the entire row.

Back to Step 1

Back to Step 2

8

Submit

Cancel

8. Click the **Submit** button

Submitting a Dental Claim: Step 3, continued

[Expand All](#) | [Collapse All](#)

Diagnosis Codes

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount
<u>1</u>	08/21/2018		14-1st Molar -UL-Permanent		D0191		1	\$225.

No Other Insurance Details exist for this claim

No Attachments exist for this claim

Back to Step 1

Back to Step 2

Back to Step 3

Print Preview

9

Confirm

Cancel

9. Click the **Confirm** button

Submitting a Dental Claim: Step 3, continued

Submit Dental Claim: Confirmation

Dental Claim Receipt

Your Dental Claim was successfully submitted. The claim status is Finalized Payment.
The Claim ID is **2218267000014**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **Adjust** to resubmit the claim.
Click **New** to submit a new claim.
Click **View** to view the details of the submitted claim.

Print Preview **Copy** **Adjust** **New** **View**

The “Submit Dental Claim: Confirmation” page will appear after the claim has been submitted. It will display the claim status and Claim ID.

The user may then:

- Click the **Print Preview** button to view the claim details
- Click the **Copy** button to copy claim data
- Click the **Adjust** button to adjust the claim
- Click the **New** button to submit a new claim
- Click the **View** button to view the details of the submitted claim

Submitting a Dental Claim: Attachments

Submitting a Dental Claim: Attachments

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	A
<div><div><div></div></div>Click to add attachment.</div>					

1

Back to Step 1

Back to Step 2

Submit

Cancel

To upload attachments in Step 3 to a dental claim:

1. Click the (+) sign on the **Attachments** panel

Submitting a Dental Claim: Attachments, continued

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method
Click to collapse.	

This PC

3D Objects

Desktop

Documents

Downloads

Music

Pictures

Videos

3

nv mmis modernization member operati...

8/29/2018

File name:

nv mmis modernization member

All Files (*.*)

4

Open

Cancel

*Transmission Method

FT-File Transfer

*Upload File

Browse...

2

*Attachment Type

Description

Add

Cancel

Back to Step 1

Back to Step 2

Submit

Cancel

2. Click the **Browse** button and locate the file on the user’s computer to attach

A window will then pop up. From there the user will:

- 3. Locate and select the file
- 4. Click the **Open** button

NOTE: The **Transmission Method** field will populate with “FT - File Transfer” by default and does not need to be changed.

Submitting a Dental Claim: Attachments, continued

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
	*Transmission Method	FT-File Transfer ▼			
	*Upload File	C:\Users\scarson8\Desktop\nv mmis modernization n Browse...			
5	*Attachment Type	<div><div>Description</div><div><div>B4-Referral Form</div><div>DA-Dental Models</div><div>DG-Diagnostic Report</div><div>EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)</div><div>OZ-Support Data for Claim</div><div>P6-Periodontal Charts</div><div>RB-Radiology Films</div><div>RR-Radiology Reports</div></div></div>			
6	<div><div>Add</div><div>Cancel</div></div>				
<div><div>Back to Step 1</div><div>Back to Step 2</div></div>		<div><div>Submit</div><div>Cancel</div></div>			

5. Select the type of attachment from the **Attachment Type** drop-down list
6. Click the **Add** button to attach the file or click the **Cancel** button to cancel and close the attachment line

NOTE: A description of the attachment may be entered into the **Description** field, but it is not required.

Submitting a Dental Claim: Attachments, continued

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	nv mmis modernization member operations training qa review v2.docx (124K)	20180924721523	DA-Dental Models	Remove

+ Click to add attachment.

Back to Step 1

Back to Step 2

7

Submit

Cancel

7. Click the **Submit** button to proceed

NOTE: To view an attachment the user will click the number in the # column and the attachment will open in a new window. To remove any attachments that were attached incorrectly, use the **Remove** link.

Submitting a Dental Claim: Other Insurance Details

Submitting a Dental Claim: Other Insurance Details

Rendering Provider ID1043400534ID TypeINPT

*Rendering Provider Service Location22-MACK, JOHN F-1580 E DESERT INN RD,LAS VEGAS,NEVADA,891692548

Referring Provider IDID Type

Service Facility Location IDID Type

Patient Information

*Recipient ID00000000004

Last NameCLMGLZFirst NameALEJANDRA

Birth Date01/01/1995

Claim Information

Accident RelatedAccident Date

*Place of Treatment11-Physician's Office

*Patient Number12345

Authorization Number

Include Other Insurance☒

Total Charged Amount\$300.25

1

2ContinueCancel

1. Check the **Include Other Insurance** checkbox located at the bottom of the Step 1 page
2. Click the **Continue** button

Submitting a Dental Claim: Other Insurance Details, continued

1	ICD-10-CM	K030-Excessive attrition of teeth
2		

2

*Diagnosis Type

ICD-10-CM

*Diagnosis Code

Add

Reset

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason code details section.

Click the **Remove** link to remove the entire row.

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount
<div><div>+</div> Click to add a new other insurance.</div>				

Back to Step 1

Continue

To add a policy or other insurance carrier information:

3. Click (+) in the **Other Insurance Details** panel at the bottom of the Step 2 page

NOTE: If the recipient has other insurance carrier information on file with Nevada Medicaid, the policy information will auto-populate in the **Other Insurance Details** panel.

Submitting a Dental Claim: Other Insurance Details, continued

Refresh Other Insurance

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
---	--------------	------------	-----------	-------------------	-----------	--------

☐ Click to collapse.

4

*Carrier Name

Cigna Healthcare

*Carrier ID

00526

*Policy Holder Last Name

TWGQFBZ

*First Name

PJOL

MI

C

*Policy ID

12345

Insurance Type

*Responsibility

P-Primary

*Patient Relationship to Insured

18-Self

Payer Paid Amount

*Paid Date

09/24/2018

Remaining Patient Liability

*Claim Filing Indicator

CI-Commercial Insurance Co.

5

Add Insurance

Cancel Insurance

Back to Step 1

Continue

Cancel

After clicking the (+):

- 4. The user must complete all required fields
- 5. Click the **Add Insurance** button to add the Other Insurance details to the claim

NOTE: Click the **Cancel Insurance** button to cancel any updates to the claims adjustment details.

Submitting a Dental Claim: Other Insurance Details, continued

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Cigna Healthcare	00526	12345		09/24/2018	Remove

Click to add a new other insurance.

Back to Step 1

Continue

Cancel

After the additional insurance information has been added, select the Sequence Number to open the Claim Adjustment Details section

NOTE: Click the **Remove** link to remove any other insurance details unrelated to the claim.

Submitting a Dental Claim: Other Insurance Details, continued

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					
6	*Claim Adjustment Group Code	*Reason Code	*Adjustment Amount	Adjusted Units	
7	Add Adjustment	Cancel Adjustment			
	Save Insurance	Cancel Insurance			

Click to add a new other insurance.

Back to Step 1 **Continue** **Cancel**

6. Complete all sections marked with an asterisk

7. Select Add Adjustment

Submitting a Dental Claim: Other Insurance Details, continued

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
1	CO-Contractual Obligations	127-Coinsurance -- Major Medical	\$1.00		Remove

Click to add a new adjustment.

Save Insurance

Cancel Insurance

Click to add a new other insurance.

8. Select Save Insurance

Submitting a Dental Claim: Other Insurance Details, continued

Submit Dental Claim: Step 2

* Indicates a required field.

Provider Information

Billing Provider ID 1780694620ID Type NPI

Patient and Claim Information

Recipient ID 70311721784
Recipient VNYCOO J SZIAA
Birth Date 02/11/2000Gender Male
Total Charged Amount \$0.00

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	K030-Excessive attrition of teeth	Remove
2			

2

*Diagnosis TypeICD-10-CM

*Diagnosis Code

AddReset

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Other Insurance	2020	12345		12/20/2020	Remove

Click to add a new other insurance.

Back to Step 1

9

ContinueCancel

Go to Top

9. Select Continue from the bottom of the page to continue to Step 3 of the claim submission process

Searching for a Dental Claim

Searching for a Dental Claim

The screenshot shows the Nevada Medicaid portal navigation bar with the following items: My Home, Eligibility, **Claims** (labeled 1), Management, File Exchange, and Resources. Below the navigation bar, the 'Search Claims' link is highlighted with a red box and labeled 2. The breadcrumb trail shows 'Claims > Search'. The date and time are 'Thursday 08/23/2018 06:14 PM EST'.

Search Claims

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.
Claim searches are limited to a maximum range of 45 days.


Claim Information



Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID  ID Type Claim Type

Service From  To  Claim Status

Search **Reset**

To search for a specific Claim, the user will:

1. Hover over **Claims**
2. Select **Search Claims**

Searching for a Dental Claim, continued

Search Claims ?

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID

Recipient Information

3 Recipient ID

Service Information

4 Rendering Provider ID ID Type Claim Type

5 Service From To Claim Status

The fastest way to locate a claim is by entering the **Claim ID**.

To search without using the **Claim ID**:

3. Enter **Recipient ID**
4. Enter the **Service From** and **To** date range
5. Click the **Search** button

NOTE: When searching for a claim without using the **Claim ID**, the user must enter the **Recipient ID** along with the **Service From** and **To** date range as shown in this example.

Searching for a Dental Claim, continued

6. Click the [blue](#) link of the desired claim to access the claim

Search Claims

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.
Claim searches are limited to a maximum range of 45 days.


Claim Information



Claim ID

Recipient Information

Recipient ID

Service Information


Rendering Provider ID  ID Type Claim Type

Service From  To  Claim Status

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.

Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
	2218235000007		Dental	Finalized Denied	08/21/2018	97338188081	1407146111	\$0.00	—	

6

Searching for a Dental Claim, continued

View Dental Claim - ID 2218235000007

Back to Search Results ?

Provider Information

Billing Provider ID

Billing Provider Service Location

Rendering Provider ID

Rendering Provider Service Location

Referring Provider ID _

Service Facility Location ID _

ID Type _

ID Type _

Patient Information

Claim Status Finalized Denied

Recipient ID 97338188081

Recipient WXE BVG MUZAE

Birth Date 05/02/1967

Gender Female

Claim Information

Accident Related _

Place of Treatment 11-Physician's Office

Patient Number 12345

Authorization Number _

Related Claim ICN _

Previous Claim ICN _

Note _

Accident Date _

Total Charged Amount \$725.25

Total Allowed Amount \$0.00

Total Co-pay Amount \$0.00

Total Paid Amount \$0.00

Expand All | Collapse All

Adjudication Errors +

The user can view the **Status** of the claim and the **Adjudication Errors**.

Searching for a Dental Claim, continued

View Dental Claim - ID 2218235000007

Back to Search Results ?

Provider Information

Billing Provider ID

Billing Provider Service Location

Rendering Provider ID

Rendering Provider Service Location

Referring Provider ID _ ID Type _

Service Facility Location ID _ ID Type _

Patient Information

Claim Status

Finalized Denied

Recipient ID

97338188081

Recipient

WXEBVG MUZAE

Gender

Female

Birth Date

05/02/1967

Claim Information

Accident Related _

Accident Date _

Place of Treatment

11-Physician's Office

Patient Number

12345

Authorization Number _

Related Claim ICN _

Previous Claim ICN _

Note _

Total Charged Amount

\$725.25

Total Allowed Amount

\$0.00

Total Co-pay Amount

\$0.00

Total Paid Amount

\$0.00

Expand All

Collapse All

Adjudication Errors

Claim / Service #

HIPAA Adj

Description

EOB

Service # 1	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL	1630
Service # 2	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL	1630

- Click **Expand All** on the **Adjudication Errors** panel to view the **Explanation of Benefits (EOB)** codes

Searching for a Dental Claim, continued

Claim Information											
<div>Accident Related <input type="checkbox"/> Accident Date <input type="text"/></div> <div>Place of Treatment 11-Physician's Office</div> <div>Patient Number 12345</div> <div>Authorization Number <input type="checkbox"/></div> <div>Related Claim ICN <input type="checkbox"/></div> <div>Previous Claim ICN <input type="checkbox"/></div> <div>Note <input type="text"/></div> <div>Total Charged Amount \$725.25</div> <div>Total Allowed Amount \$0.00 Total Co-pay Amount \$0.00 Total Paid Amount \$0.00</div>											
Expand All Collapse All											
Adjudication Errors											
Claim / Service #	HIPAA Adj	Description								EOB	
Service # 1	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL								1630	
Service # 2	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL								1630	
Diagnosis Codes											
Service Details											
Select the row number to edit the row. Click the Remove link to remove the entire row.											
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	08/21/2018		2-2nd Molar-UR-Permanent		D1110		1	\$500.25	\$0.00	\$0.00	\$0.00
	08/21/2018		10-Lateral Incisor-UL-Permanent		D1351		1	\$225.00	\$0.00	\$0.00	\$0.00

8. User will select the service number in the **Svc #** column to view

Viewing Dental Claim Remittance Advice (RA)

Viewing Dental Claims: RA






The screenshot displays the 'Search Payment History' form in the Provider Web Portal. The interface includes a top navigation bar with tabs: 'My Home', 'Eligibility', 'Claims' (highlighted with a red box and callout 1), 'Care Management', 'File Exchange', and 'Resources'. Below the navigation bar is a sub-menu with links: 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History' (highlighted with a red box and callout 2), and 'Treatment History'. The breadcrumb trail shows 'Claims > Search Payment History'. The date and time 'Tuesday 08/28/2018 10:11 AM PST' are displayed in the top right. The form itself is titled 'Search Payment History' and contains a 'Provider Information' section with fields for 'Provider ID' (1407146111), 'ID Type' (NPI), 'Name' (SMILES TODAY DENTAL GROUP LLC), and 'Location ID' (100522270). Below this is a section for search criteria, which is highlighted with a red box and callout 3. This section includes a note '* Indicates a required field.' and a placeholder for configurable text. The search criteria fields are: 'Payment Method' (dropdown menu set to 'All'), 'Payment Type' (dropdown menu set to 'All'), 'Check # / RA #' (text input), 'Issue Date' (date picker set to '05/30/2018'), and '*To' (date picker set to '08/28/2018'). At the bottom of the form, there is a 'Search' button (highlighted with a red box and callout 4) and a 'Reset' button.

To begin locating an RA, the user will:

1. Hover over **Claims**
2. Select **Search Payment History**
3. Enter search criteria to refine the search results
4. Click the **Search** button

NOTE: Users can search for RAs on the Provider Web Portal only for the past 6 months. The default search range is for the past 90 days.

Viewing Dental Claims: RA, continued

Search Results					
To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.					
If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service for assistance.					
					Total Records
Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
08/10/2018	CHK	C	000000000/100005164	\$0.00	
08/03/2018	CHK	C	000000000/100005122	\$0.00	
06/15/2018	CHK	C	000000000/100004758	\$0.00	
06/08/2018	CHK	C	000000000/100004686	\$0.00	
06/08/2018	CHK	C	000000000/100004601	\$0.00	






PDF Files require [Adobe Acrobat Reader](#)

5. Click on the
RA Copy (PDF)
icon



5

Viewing Dental Claims: RA, continued

Search Results					
To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.					
If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service for assistance.					
					Total Records: 5
Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
08/10/2018	CHK	C	000000000/100005164	\$0.00	
08/03/2018	CHK	C	000000000/100005122	\$0.00	
06/15/2018	CHK	C	000000000/100004758	\$0.00	
06/08/2018	CHK	C	000000000/100004686	\$0.00	
06/08/2018	CHK	C	000000000/100004601	\$0.00	

PDF Files require [Adobe Acrobat Reader](#)

6. User will select
Open

urrent Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes, descriptions and data are copyrighted by the American Medical Association (AMA) and the American Dental Association (ADA), respectively, all rights reserved. AMA and ADA assume no liability for data contained or not contained on this website and on documents posted herein.

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Do you want to open or save **RA 100004601.pdf** (4.78 KB) from **portalmod.nvad.xnv.dcs-usps.com**?

6

Open

Save

Cancel

Viewing Dental Claims: RA, continued

1580 E DESERT INN RD										NPI		1407146111							
LAS VEGAS, NV 89169-2548										CHECK/EFT NUMBER		000000000							
										PAYMENT DATE		09/21/2018							
REPORT: CRA-DNDN-R				NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY										DATE: 09/14/2018					
RA#: 100005481				NEVADA MEDICAID (TXIX)										PAGE: 3					
PAYER: TXIX				PROVIDER REMITTANCE ADVICE															
										DENTAL CLAIMS DENIED									
MILES TODAY DENTAL GROUP LLC										PAYEE ID		100522270		MCD					
		RENDERING		SERVICE DATES		BILLED		OTH INS		SPENDDOWN									
--ICN--		PROVIDER		FROM TO		AMOUNT		AMOUNT		AMOUNT									
MEMBER NAME: ALEJANDRA CLMGLZ										MEMBER NO.: 000000000004									
2218257000018		MCD 100513255		082818 082818		300.25		0.00		0.00									
PROC CD		TOOTH		SURFACE AREA OF		SERVICE PA NUMBER		BILLED											
				ORAL CAV		DATE		AMOUNT		DETAIL EOBS									
D2140		14		FFFFF		082818		300.25		0192									
		RENDERING		SERVICE DATES		BILLED		OTH INS		SPENDDOWN									
--ICN--		PROVIDER		FROM TO		AMOUNT		AMOUNT		AMOUNT									
MEMBER NAME: ALEJANDRA CLMGLZ										MEMBER NO.: 000000000004									
2218257000019		MCD 100513255		082818 082818		300.25		0.00		0.00									
PROC CD		TOOTH		SURFACE AREA OF		SERVICE PA NUMBER		BILLED											
				ORAL CAV		DATE		AMOUNT		DETAIL EOBS									
D2140		14		FFFFF		082818		300.25		0192									

The user can then print or save the RA to his/her computer.

Copying Dental Claims

Copying Dental Claims

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal and the department name. A navigation bar contains links: My Home, Eligibility, **Claims**, Case Management, File Exchange, and Resources. Below this is a sub-navigation bar with links: **Search Claims**, Submit Claim Dental, Submit Claim Inst, Submit Claim Prof, Search Payment History, and Treatment History. The main content area has a heading 'Claim Information' and a text box for 'Claim ID'. Below that is a heading 'Recipient Information' and a text box for 'Recipient ID' containing the value '97338188081'. Three numbered callouts are present: 1 points to the 'Claims' link in the navigation bar; 2 points to the 'Search Claims' link in the sub-navigation bar; 3 points to the 'Recipient ID' text box.

Nevada Department of Health and Human Services
Division of Health Insurance and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Case Management](#) | [File Exchange](#) | [Resources](#)

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

2. Minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID

Recipient Information

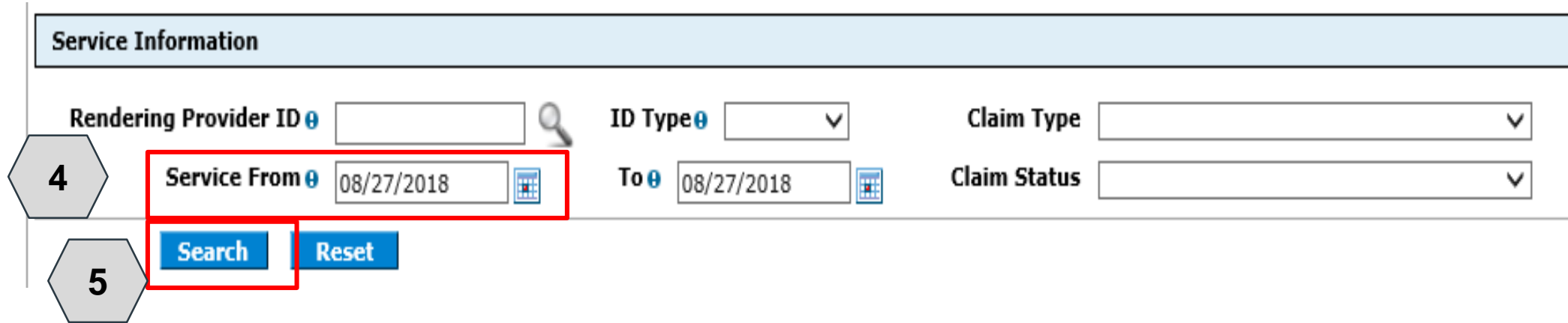
3. Recipient ID

To copy a claim, the user will:

1. Hover over **Claims**
2. Select **Search Claims**
3. Enter the **Recipient ID**


NOTE: The **To** date will automatically populate to the same date as **Service From**.



Copying Dental Claims, continued



The screenshot shows a web form titled "Service Information". It contains several input fields and buttons. A red box highlights the "Service From" date field, which contains "08/27/2018". A red box also highlights the "Search" button. A red box around the "Service From" field is labeled with a hexagon containing the number "4". A red box around the "Search" button is labeled with a hexagon containing the number "5".

Service Information

Rendering Provider ID  ID Type Claim Type

Service From  To  Claim Status

4. Enter the **Service From**
5. Click the **Search** button

NOTE: The **To** date will automatically populate to the same date as **Service From**.

Copying Dental Claims, continued

Search Claims ?

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.
Claim searches are limited to a maximum range of 45 days.


Claim Information



Claim ID

Recipient Information


Recipient ID

Service Information

Rendering Provider ID  ID Type Claim Type

Service From  To  Claim Status

6. Click the [blue](#) link under **Claim ID**

Search Results										
To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.										
Total Records: 1										
	Claim ID		Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
	2218239000005	6	Dental	Finalized Denied	08/27/2018	97338188081	1073539177	\$0.00	-	

Copying Dental Claims, continued

[Expand All](#) | [Collapse All](#)

Adjudication Errors [-]

Claim / Service #	HIPAA Adj	Description	EOB
Service # 1	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL	1630
Service # 1	261	TOOTH NUMBER MISSING	1800
Service # 1	1010	RENDERING PROV NOT MEMBER OF BILLING PROV GROUP	3110
Service # 2	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL	1630
Service # 2	1010	RENDERING PROV NOT MEMBER OF BILLING PROV GROUP	3110

Diagnosis Codes +

Service Details [-]

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
<u>1</u>	08/27/2018				D1351		1	\$275.25	\$0.00	\$0.00	\$0.00
<u>2</u>	08/27/2018				D1354		1	\$1,275.00	\$0.00	\$0.00	\$0.00

No Other Insurance Details exist for this claim

No Attachments exist for this claim

8 **Copy** **Print Preview**

7. Scroll down and expand:
- **Adjudication Errors**
 - **Service Details**
8. Click the **Copy** button at the bottom of the page

Copying Dental Claims, continued

My HomeEligibilityClaimsCare ManagementFile ExchangeResources

Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

Claims > Search Claims > View Dental Claim > Copy Claim

Copy Dental Claim

Select the information you would like to have copied to the new claim. Press Copy to initiate the claim and continue entering claim information.

☐ Recipient Information
Recipient ID
Last Name
First Name
Birth Date
Patient Number
Address

☐ Service Information
Service Facility Location
Place of Treatment
Procedure Code(s)
Modifier(s)
Units
Detail Charge Amount(s)
Rendering Provider(s)

☐ Recipient and Service Information
Copies data listed in previous 2 columns.

☒ Entire Claim
Copies data listed in columns 1 and 2 PLUS:

Referring Provider
Accident Related
Accident State
Accident Country
Oral Cavity Area(s)
Tooth Number(s)
Tooth Surface(s)
Other Insurance Details
All Dates

10

CopyCancel

9. The user will select what portion to copy

For this example, the user has selected **Entire Claim**.

10. Click **Copy**

Copying Dental Claims, continued

Submit Dental Claim: Step 1

* Indicates a required field.

Provider Information

Billing Provider ID1407146111ID TypeNPI

*Billing Provider Service Location22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD,LAS VEGAS,NEVADA,89169

Rendering Provider ID1073539177ID TypeNPI

*Rendering Provider Service Location20-SMITH, JASON C-11234 ANDERSON ST,LOMA LINDA,CALIFORNIA,92354

Referring Provider IDID Type

Service Facility Location IDID Type

Patient Information

*Recipient ID97338188081

Last NameMUZAEFirst NameWXEBVG

Birth Date05/02/1967

Claim Information

Accident Related

Accident Date

*Place of Treatment11-Physician's Office

*Patient Number12345

Authorization Number

Include Other Insurance

Total Charged Amount\$1,550.25

11

Continue

Cancel

Fields will be populated with the information selected to copy. Additional changes can be made as needed.

11. Click **Continue**

Nevada Medicaid – Dental and Orthodontia Provider Training

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Copying Dental Claims, continued

Service Details								
Select the row number to edit the row. Click the Remove link to remove the entire row.								
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount
1	08/27/2018				D1351		1	\$275.25
2	08/27/2018				D1354		1	\$1,275.00
3	08/28/2018				D1110		1	\$500.25
No Other Insurance Details exist for this claim								
No Attachments exist for this claim								
<div>Back to Step 1 Back to Step 2 Back to Step 3 Print Preview 12 Confirm Cancel</div>								

12. Click the **Confirm** button

Copying Dental Claims, continued

Submit Dental Claim: Confirmation

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

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My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources**

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

[Claims](#) > Claim Receipt Tuesday 08/28/2018 09:22 AM PST

Submit Dental Claim: Confirmation [?](#)

Dental Claim Receipt

Your Dental Claim was successfully submitted. The claim status is Finalized Denied.

The Claim ID is **2218240000007**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **New** to submit a new claim.
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [New](#) [View](#)

13. Note the Claim ID, under the **Submit Dental Claim: Confirmation** section

14. May also use the provided buttons to:

- Print Preview
- Copy Claim Information
- Create new claim
- View the details of the submitted claim

Adjusting a Dental Claim

Adjusting a Dental Claim

Search Claims ?

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.
Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID 5918261000001 x 1

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

2 Search Reset

To begin the claim adjustment process:

1. Enter a **Claim ID**
2. Click the **Search** button

Adjusting a Dental Claim, continued


Claim Information



Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID  ID Type Claim Type

Service From  To  Claim Status

Search

Reset

3. Click the [blue Claim ID](#) link

NOTE: Denied Claims cannot be adjusted. The **Claim Status** column will indicate “Finalized Payment” if a claim is paid.

Search Results										
To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.										
Total Records: 1										
	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
<div><div>+</div></div>	5918261000001	3	Dental	Finalized Payment	08/14/2018 - 08/28/2018	000000000004	1043400534	\$24.58	-	

Adjusting a Dental Claim, continued

Diagnosis Codes

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code
1	ICD-10-CM	K029-Dental caries, unspecified

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
<u>1</u>	12/12/2018			D0210	2	\$34.90	

1

*Svc Date

12/12/2018

Oral Cavity Area

Tooth Number

Tooth Surface

*Procedure Code

D0210-Intraor complete film

Modifiers

*Units

2

*Charge Amount

34.90

*Diagnosis Pointers

1

Authorization Number

Rendering Provider ID

ID Type

NPI

*Rendering Provider Service Location

5

Save

Reset

Cancel

4. Make any necessary adjustments to your claim fields.

5. Once all changes have been made, click **Save**.

Adjusting a Dental Claim, continued

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
<u>1</u>	12/12/2018			D0210	2	\$34.90	
2							

2

*Svc Date

Oral Cavity Area

Tooth Number

Tooth Surface

*Procedure Code

Modifiers

*Units

*Charge Amount

*Diagnosis Pointers

Authorization Number

Rendering Provider ID

ID Type

Rendering Provider Service Location

Add

Reset

AttachmentsClick the **Remove** link to remove the entire row.

Back to Step 1

Back to Step 2

6

Resubmit

Cancel

6. Click the **Resubmit** button

Adjusting a Dental Claim, continued

Patient Information								
Claim Status Finalized Payment								
Recipient ID 00000000004								
Recipient ALEJANDRA CLMGLZ Gender Female								
Birth Date 01/01/1995								
Claim Information								
Accident Related _ Accident Date _								
Place of Treatment 11-Physician's Office								
Patient Number 12345								
Authorization Number _								
Related Claim ICN _								
Previous Claim ICN 5918261000001								
Note _								
Total Charged Amount \$295.23								
Expand All Collapse All								
Diagnosis Codes								
+								
Service Details								
-								
Select the row number to edit the row. Click the Remove link to remove the entire row.								
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount
<u>1</u>	08/14/2018		14-1st Molar -UL-Permanent		D0190		1	\$220.23
<u>2</u>	08/28/2018		7-Lateral Incisor-UR-Permanent		D0191		1	\$75.00
No Adjudication Errors exist for this claim								
No Other Insurance Details exist for this claim								
No Attachments exist for this claim								
7								
Back to Step 1 Back to Step 2 Back to Step 3 Print Preview Confirm Cancel								

7. Click the **Confirm** button

NOTE: Click the **Cancel** button to cancel the adjustment.

Adjusting a Dental Claim, continued

Resubmit Dental Claim: Confirmation
Dental Claim Receipt
Your Dental Claim was successfully resubmitted. The claim status is Finalized Payment .
The Claim ID is 5918261000002 .
Click Print Preview to view the claim details as they have been saved on the payer's system. Click Copy to copy member or claim data. Click Adjust to resubmit the claim. Click View to view the details of the submitted claim.
Print Preview Copy Adjust View

The **Resubmit Claim: Confirmation** message will appear after the claim has been submitted. It will display the claim status and new Claim ID.

Submitting an Appeal for a Claim

Submitting an Appeal for a Claim

Delegate for Carson Role IDs Provider - In Network - (NPI) Location

Provider

Welcome Carson

Name

Provider ID

Location ID

My Profile

Switch Provider

Provider Services

Member Focused Viewing

Search Payment History

Revalidate-Update Provider

Pharmacy PA

PASRR

EHR Incentive Program

EPSDT

Presumptive Eligibility

Broadcast Messages

Hours of Availability

The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

Welcome Health Care Professional!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)

Contact Us

1

Secure Correspondence

All Claim Inquiries should be submitted to the following Address:

Nevada Medicaid Administration
P.O.Box 30042
Reno, NV 89520-3042

From the homepage, the user will:

1. Select **Secure Correspondence** to start the Appeal process

Submitting an Appeal for a Claim, continued

The user will then:

2. Select “Claims – Appeals” from the **Message Category** drop-down and fill out all required fields.

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > [Secure Correspondence](#) > Create Message

Secure Correspondence - Create Message [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

Technical Support will accept Provider Web Portal usage issues submitted through this page except for those relating to prior authorization. For pharmacy prior authorization questions call 855-455-3311. For non-pharmacy prior authorization questions, call 800-525-2395. For non-technical support related issues, please go to www.medicaid.nv.gov or call 1-877-638-3472.

* Indicates a required field.

* **Subject**

* **Message Category**

Email

Confirm Email

Phone Number

* **Preferred Method of Communication**

* **Service Provider ID**

* **Provider Type**

* **Denial Reason**

* **Message**

Submitting an Appeal for a Claim, continued

The screenshot shows a web form titled "Attachments". At the top, it says "Click the **Remove** link to remove the entire row." Below this is a table with columns: #, Transmission Method, File, Control #, Attachment Type, and Action. A "Click to collapse" link is visible. The form contains several fields: a dropdown for "Transmission Method" (set to "EL-Electronic Only"), an "Upload File" field with a "Browse..." button, an "Attachment Type" dropdown, and a "Description" text area. At the bottom of the form are "Add" and "Cancel" buttons. Below the form is a "Send" button and a "Cancel" button. Two numbered callouts are present: a hexagon with the number "3" pointing to the "Transmission Method" dropdown, and a hexagon with the number "4" pointing to the "Send" button. A red rectangle highlights the area containing the "Transmission Method" dropdown, the "Upload File" field with its "Browse..." button, and the "Attachment Type" dropdown.

Next, the user will:

3. Click the **Browse** button and locate the file supporting the appeal request and select **Add**
4. Click the **Send** button

NOTE: Once the user clicks **Send** and the appeal has been created, the system will create a Contact Tracking Number (CTN). The user can use the CTN to check on the status of the appeal.

Submitting an Appeal for a Claim, continued

Secure Correspondence - Message Box

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional information, contact us.

Status	CTN #	Subject	Opened	Last
Open	4256	Appeal of a denial	09/18/2018	
Open	4255	testing	09/18/2018	
Open	4253	Testing from MO	09/18/2018	
Open	4252	Testing 6268 in MO	09/18/2018	
Open	4251	Testing 6268	09/06/2018	

Confirmation

5 Your secure message was successfully sent.

OK

After clicking **Send**, a confirmation message will populate with “Your secure message was successfully sent”

User will then need to:
5. Click the **OK** button

Submitting an Appeal for a Claim, continued

Secure Correspondence - Message Box					Back to My Home ?
Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.					
					Create New Message
					Total Records: 13
Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4256	Appeal of a denied claim	Claims - Appeals	10/02/2018	10/02/2018
Open	4255	testing	Claims - Appeals	09/27/2018	09/27/2018
Open	4253	Testing from MO	Level 2 Support - Account Issues	09/19/2018	09/19/2018
Open	4252	Testing 6268 in MO	Level 2 Support - Account Issues	09/18/2018	09/18/2018
Open	4251	Testing 6268	Claims - Appeals	09/06/2018	09/06/2018
Open	4227	Testing sample for 5916	Level 2 Support - Account Issues	08/14/2018	08/14/2018
Closed	4217	Help	Other	07/08/2018	08/03/2018
Open	4218	Testing Help	Other	07/08/2018	07/08/2018
Open	4219	Testing help..	Other	07/08/2018	07/08/2018
Open	4188	Testing in Model	Level 2 Support - Account Issues	04/09/2018	04/09/2018
					1 2

After the user clicks the **OK** button, they will be directed to the **Secure Correspondence - Message Box**, where the new CTN can be seen.

Voiding a Dental Claim

Voiding a Dental Claim

The screenshot displays the Nevada Medicaid portal interface. At the top, a navigation bar includes links for 'My Home', 'Eligibility', 'Claims', 'Management', 'File Exchange', and 'Resources'. The 'Claims' link is highlighted with a red box and a callout '1'. Below this, a secondary navigation bar contains 'Search Claims' (highlighted with a red box and callout '2'), 'Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The main content area is titled 'Search Claims' and includes a tab for 'Medical/Dental'. It contains instructions: 'A minimum one field is required. Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered. Claim searches are limited to a maximum range of 45 days.' Below these instructions are three sections: 'Claim Information' with a 'Claim ID' field containing '5918261000002' (highlighted with a red box and callout '3'); 'Recipient Information' with a 'Recipient ID' field; and 'Service Information' with fields for 'Rendering Provider ID', 'ID Type' (a dropdown menu), 'Claim Type', 'Service From', 'To' (a date picker), and 'Claim Status'. At the bottom of the form, there is a 'Search' button (highlighted with a red box and callout '4') and a 'Reset' button.

To search for a claim the user will need to:

1. Hover over **Claims**
2. Select **Search Claims**
3. Enter **Claim ID**
4. Click the **Search** button

Voiding a Dental Claim, continued

Search Claims ?

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.
Claim searches are limited to a maximum range of 45 days.


Claim Information



Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID  ID Type Claim Type

Service From  To  Claim Status

5. Click the [blue Claim ID](#) link to open the claim

NOTE: Denied Claims cannot be voided. The **Claim Status** column will indicate “Finalized Payment” if a claim is paid.

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.

Total Records: 1

	Claim ID		Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
<input type="button" value="+"/>	5918261000002	5	Dental	Finalized Payment	08/14/2018 - 08/28/2018	000000000004	1043400534	\$24.58	09/21/2018	

PDF Files require [Adobe Acrobat Reader](#)

Voiding a Dental Claim, continued

Total Allowed Amount		\$24.58	Total Co-pay Amount		\$0.00	Total Paid Amount		\$24.58			
Expand All Collapse All											
Diagnosis Codes +											
Service Details -											
Select the row number to edit the row. Click the Remove link to remove the entire row.											
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	08/14/2018		14-1st Molar -UL-Permanent		D0190		1	\$220.23	\$14.34	\$0.00	\$14.34
2	08/28/2018		7-Lateral Incisor-UR-Permanent		D0191		1	\$75.00	\$10.24	\$0.00	\$10.24
No Adjudication Errors exist for this claim											
No Other Insurance Details exist for this claim											
No Attachments exist for this claim											
<div><div>6</div><div><button>Adjust</button><button>Copy</button><button>Void</button><button>Print Preview</button><button>RA Copy (PDF)</button></div></div>											

To void the claim, the user will:

6. Click the **Void** button

Voiding a Dental Claim, continued

Confirmation

Are you sure you want to void this Dental Claim ID 5918261000002?

7

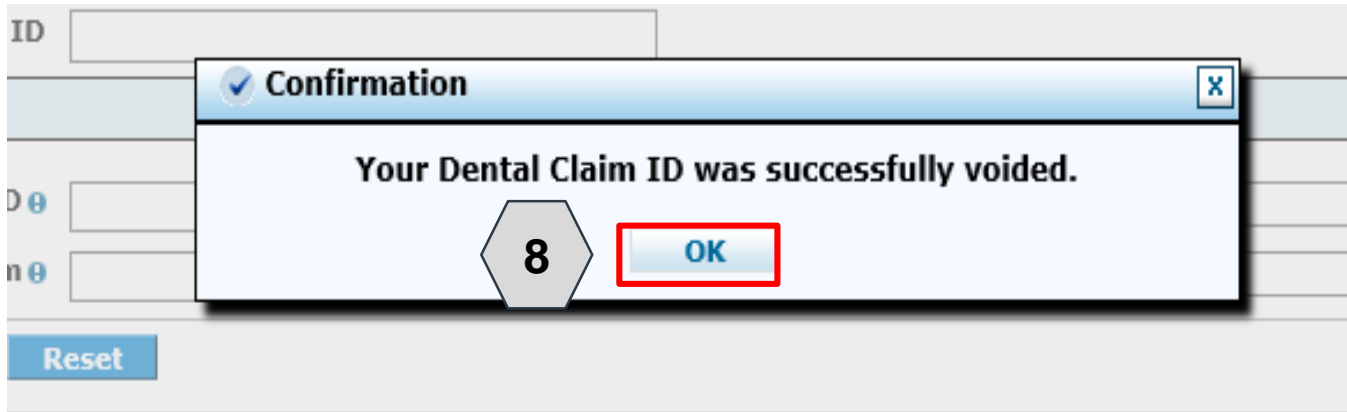
OK Cancel

7-Lateral Incisor-UR-Permanent	D0191	1	\$75.00
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Copy Void Print Preview RA Copy (PDF)

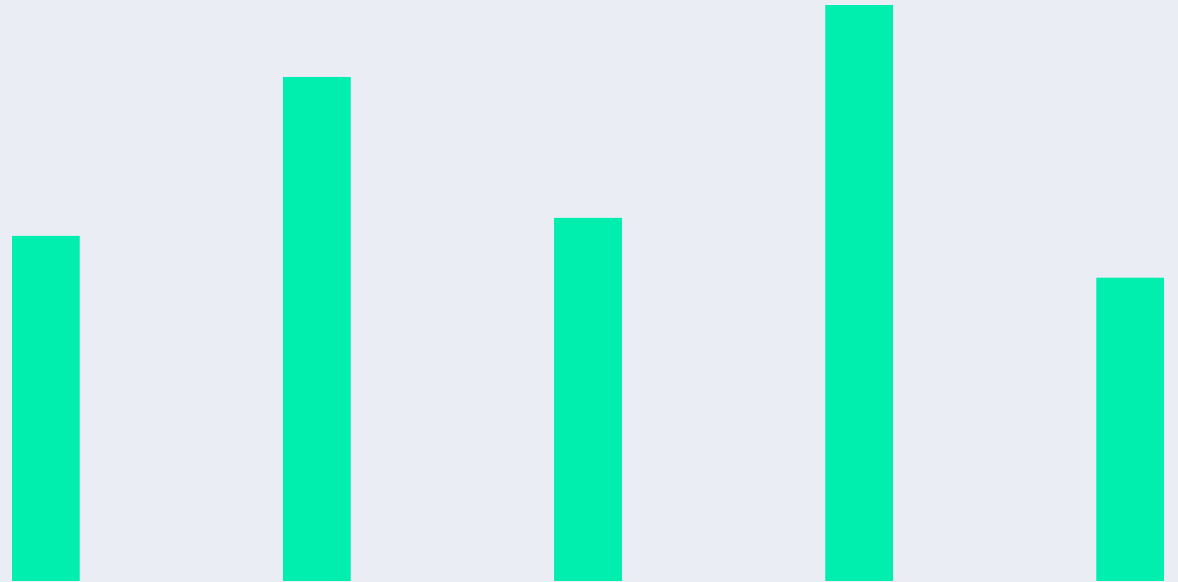
7. Click the OK button

Voiding a Dental Claim, continued



8. Click the **OK** button

Web Announcements



Web Announcement 2361



If submitting a PA for an outpatient request, please review Web Announcement 2361 for more information.

Please note that service details must use Procedure Code 41899, and the claim form must reflect the appropriate CDT code.

November 24, 2020

Web Announcement 2361

Prior Authorization Requirements for Outpatient Facility Services for Recipients Ages Five and Below Updated in Medicaid Services Manual Chapter 1000 - Dental

Effective with the April 1, 2020, update of Medicaid Services Manual (MSM) Chapter 1000 - Dental, prior authorization (PA) is required for recipients ages five and below for outpatient surgery facility services.

Providers must submit a completed ADA Dental form when a recipient requires dental procedures in the outpatient surgery facility setting. The ADA Dental form should include all requested dental code procedures accompanied with a letter of medical necessity. The letter of medical necessity will need to clearly identify as to why the procedure(s) could not be completed in the office setting. In the letter of medical necessity please include the National Provider Identifier (NPI) along with the name of the outpatient facility. Please remember that prior authorization is still required for recipients ages 21 and older.

The rendering dental provider must submit all PA requests through the Provider Web Portal. Please ensure that all medical documentation attachments (ADA form, chart notes and letter of medical necessity) are included with the request. Additionally, please submit PA requests 1-2 weeks before the recipient's appointment.

Please access the following links for resources regarding PA requests and claims submission:

- https://www.medicaid.nv.gov/Downloads/provider/Dental_PA_Instructions.pdf
- <https://www.medicaid.nv.gov/providers/training/training.aspx>

Web Announcement 1951



August 19, 2019
Announcement 1951

Attention Provider Type 22 (Dentist):

Dental Radiology and Exam Codes

Some claims submitted by provider type 22 (Dentist) for bitewing images are being denied in error with error code 6126 (Dental services not allowed within six rolling months) when billed within six months of periapical images. Effective August 19, 2019, error code 6126 will be inactivated and the claims will no longer deny in error.

The impacted claims processed on or after February 1, 2019, and before August 19, 2019, that denied in error will be automatically reprocessed. Providers do not need to resubmit or appeal the denied claims. A future remittance advice message will notify providers when the claims are reprocessed. The impacted procedure codes are listed in the following table:

Bitewing Images Procedure Codes:	
D0270	Bitewing - Single Radiographic Image
D0272	Bitewings - Two Radiographic Images
D0274	Bitewings - Four Radiographic Images
D0277	Vertical Bitewings - Seven to Eight Radiographic Images
Periapical Images Procedure Codes:	
D0210	Intraoral - Complete Series of Radiographic Images
D0220	Intraoral Periapical First Radiographic Image

Effective August 19, 2019, error code 6136 (Dental services not allowed on the same date of service) will deny multiple procedure codes for bitewings billed with the same date of service.

Effective August 19, 2019, new error code 6508 (Paid dental exam code not on file) will deny radiology codes if no exam code is billed for the same date of service. The impacted procedure codes are listed in the following table:

D0210	Intraoral - Complete Series of Radiographic Images
D0220	Intraoral - Periapical First Radiographic Image
D0230	Intraoral - Periapical each additional Radiographic Image
D0240	Intraoral - Occlusal Radiographic Image
D0270	Bitewing - Single Radiographic Image
D0272	Bitewings - Two Radiographic Images
D0273	Bitewings - Three Radiographic Images
D0274	Bitewings - Four Radiographic Images
D0330	Panoramic Radiographic Image

Effective August 19, 2019, exam codes and radiology codes will be linked as listed in the following table:

Exam Code	Associated Radiology Code
D0120 POE	D0220, D0230, and either D0270, D0272, D0273 or D0274
D0140 Limited Prob. Focused	D0220, D0230 and either D0270, D0272, D0273 or D0274
D0145 Oral Eval. <3 yrs	D0240 and D0220, D0230
D0150 Comp. Exam	D0210 and D0330 or D0220, D0230 and either D0270, D0272, D0273 or D0274
D0160 Exten. Prob Focused	D0220, D0230 and either D0270, D0272, D0273 or D0274
D0170 Re-eval	D0220, D0230 and either D0270, D0272, D0273 or D0274
D0190 Screening	D0330
D0191 Assessment	D0330

Web Announcement 1705



October 9, 2018

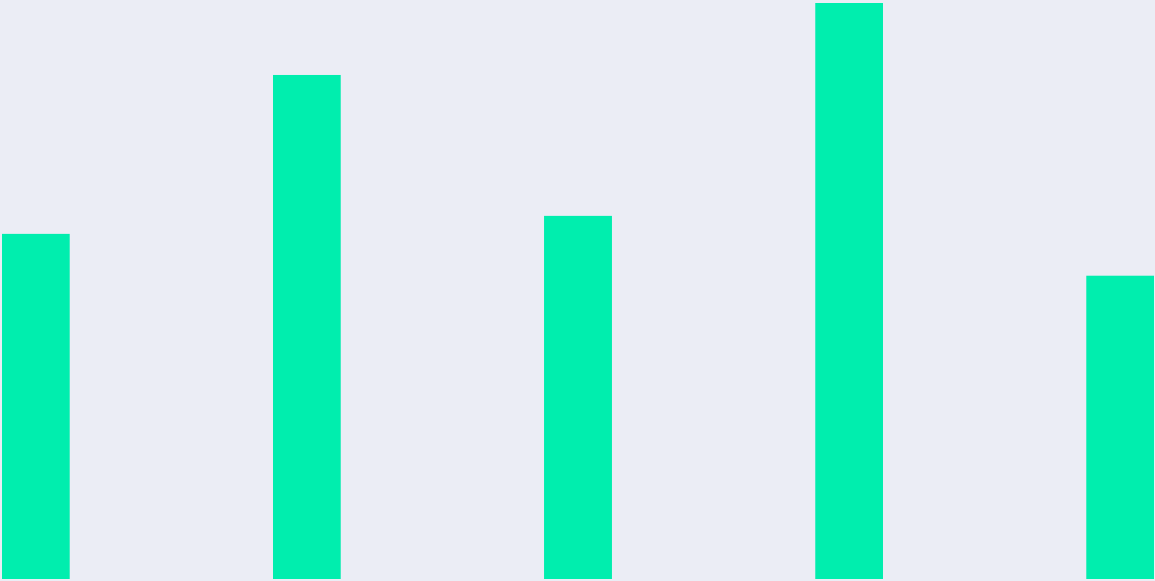
Web Announcement 1705

Attention Provider Type 22 (Dentist):

Bill Tooth Surface Codes in Alphabetical Order

Provider type 22 (Dentist) providers are instructed to submit dental claims with tooth surface codes indicated in alphabetical order. If claims with tooth surface codes have been denied with edit code 0163 (Surface code does not match authorization), providers are instructed to resubmit the denied claims with the tooth surface codes in alphabetical order. Please resubmit the claims following timely filing guidelines.

Resources



Additional Resources

- For Forms: www.medicaid.nv.gov/providers/forms/forms.aspx
- For EVS General Information: www.medicaid.nv.gov/providers/evsusermanual.aspx
- For Secure EVS Provider Web Portal:
www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx
- Billing Manual and Guides: www.medicaid.nv.gov/providers/BillingInfo.aspx
- Web Announcements: <https://www.medicaid.nv.gov/providers/newsannounce/default.aspx>

DHCFP Contact Information

- Division of Health Care Financing and Policy: <http://dhcfp.nv.gov/>
- Medicaid Services Manuals, MSM Chapters:
<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>

Contact Nevada Medicaid

Contact Us – Nevada Medicaid

Customer Service Call Center: 877-638-3472 (M-F 8 a.m. to 5 p.m. Pacific Time)

Prior Authorization Department: 800-525-2395

Provider Field Representative: NevadaProviderTraining@dxs.com

Thank you